

# Hospitals - 1933

## NEGRO DOCTORS PLAN GATHERING

TUSKEGEE INSTITUTE — "Good health will help to relieve the depression," is the slogan of the annual meeting of the John A. Andrew Clinical Society and the John A. Andrew Clinic, to convene here April 9-15 at the John A. Andrew Memorial Hospital.

The clinic is expected to bring together Negro doctors from over the nation. Many white doctors are on the program for the clinic, according to Dr. A. B. McKenzie, Tuscaloosa, president of the society. Among the white physicians will be Roy Adams, U. S. Public Health Service, Washington; Charles M. Griffiths, director, Veterans Administration, Washington; Walter G. Crump, New York, and Seale Harris, Birmingham.

The clinic coincides with National Negro Health Week and with the Founders Day celebration at Tuskegee Institute.

**OVER 100 DOCTORS  
AT TUSKEGEE CLINIC**  
3-13-33  
Prominent Medical Men From  
Nation Treat Over 600  
Patients

TUSKEGEE INSTITUTE, ALA., April 12.—(Special)—More than 130 surgeons and doctors from all parts of the country have already arrived for participation in the week's annual clinics sponsored by Tuskegee Institute. About 600 patients, at the rate of 200 daily, have been treated at the demonstrations.

Two famous specialists, members of the Emory University medical faculty, were among the noted doctors who presented treatises and illustrated them in out-patient clinics during the day. The Emory experts were Dr. William Funkhouser and Dr. Marlon Pruitt.

Dr. L. C. Fischer, head of the Crawford Long Memorial Hospital, Atlanta, presented a paper on appendicitis. Dr. Crump, New York surgeon, discoursed on "Diseases of the Upper Right Quadrant."

Dr. Francis Dyer, of Washington, was heard in a treatise on mastoiditis. Dr. R. C. Giles, of Chicago, also presented a discourse on appendicitis, its diagnosis and treatment. Dr. Norman Adamson, of Chicago, talked on "Obstetric Amnesia and Analgesia," and Dr. J. J. Peters, U. S. Veterans' Hospital, Tuskegee, presented a treatise on "Pleurisy."

Members of the pre-medical classes of Auburn attended the clinics today. The students from Auburn were J. A.

Jones, Jr., T. F. McGraw, Edgar Trammell, W. A. Stern, John Fitzgerald, J. E. Beck, W. B. Turk, R. N. Byrne, H. C. Jernigan, Jr., T. E. Merritt, L. Knight, W. B. Copps, E. B. Perry, A. S. Turk, A. M. Robinson, J. F. Gavin and D. C. Turnipseed.

About four score more doctors are expected to attend the sessions of the clinics, which will last the rest of the week. A smoker in honor of the visiting medical men was held here tonight.

Col. J. H. Ward and members of his staff will be hosts at the U. S. Veterans' Hospital Thursday afternoon, where a program will be presented by his aides and experts. Features of this program will be discourses on application of occupational therapy as applied to treatment of mental disorders by Dr. S. O. Johnson, and discourses on neuro-psychiatric cases by Dr. George Branch and Dr. Alan P. Smith.

**TUSKEGEE CLINIC  
TO CLOSE TODAY**  
3-15-33

Operations Will Be Performed  
This Morning; Treatment  
Given 1,000 Patients

TUSKEGEE INSTITUTE, ALA., April 14.—(Special)—Demonstrations of diagnostics in surgery were presented before scores of doctors attending Tuskegee Institute annual clinic today in the fifth day of the week's session. The diagnoses were demonstrated by three noted New York surgeons, Dr. Walter Crump, Dr. Samuel Lubash, Dr. Alexander Kaye. Diagnoses with the X-Ray were demonstrated by Dr. Peters of the U. S. Veterans Hospital, Tuskegee. More than a thousand patients have been treated during the week's session.

Tomorrow will witness the closing of the clinic and several more physicians are expected to arrive and 200 patients are to be given treatment.

Several surgical clinics will be held in the morning. The doctors will begin at 6 a.m. Surgeons who will operate during the session tomorrow morning are Dr. U. G. Dailey, Dr. Crump, Dr. Kaye, Dr. Lubash, Dr. J. H. Hale, Dr. Lewis Wright, Dr. Roscoe Giles, Dr. Willard Lane, Dr. W. F. Penn, Dr. Eugene Dibble, Jr.

### To Elect Officers

The physicians will elect new officers for the coming year Saturday. Recommendations for the ensuing year will be made and adopted.

The physicians who have registered in attendance at the clinic here and names of some who did not register through oversight and hard work in attending the hundreds of patients follow:

Dr. E. H. Dibble, Dr. R. J. Jenkins, Dr. E. A. Bryant, Dr. J. W. Williams, Dr. R. A. Vonderlehr, of the U. S. Public Health Service; Dr. J. F. Laine, Louisville; Dr. W. H. Frazier, Tuskegee; Dr. C. V. Roman, Nashville; Dr. J. M. Dasher, Americus, Ga.; Dr. J. E. Hunter, Louisville, Ky.; Dr. A. B. McKenzie, Tuscaloosa; Dr. C. M. Reeves, Atlanta; Dr. Petrie Penn, Wilberforce, Ohio; Delphine Lewis, Houston; Dr. Seale Harris, Birmingham, Col. J. H. Ward, U. S. Veterans Hospital; Dr. R. L. Allen, Tuskegee; Dr. C. N. Pitts, Tuskegee; Dr. Richard Carey, Tuskegee; Dr. R. T. Adair, Montgomery; Dr. George Branche, Tuskegee; Dr. Allan Smith, Tuskegee; Dr. Blake Daniel, Dr. S. S. Campbell, Jacksonville; Dr. Cassus Ward, Jacksonville; Dr. Rivers Frederick, Dr. William O'Neal, Dr. B. J. Covington, Houston; Dr. R. L. Brown, Dr. Walter Breutsch, Indianapolis, Dr. Walter Crump, Dr. Alexander Kaye, New York; Dr. F. D. Sessions, Washington, Ga.; Dr. H. W. Thrasher, Chicago; Dr. Howard Griffin, Bainbridge, Ga.; Dr. Theodore Lawless, Chicago; Dr. May Chinn, Dr. W. A. Davis, Macon, Ga.; Dr. J. W. Chenault, Dr. J. N. Bice, Tuskegee; Dr. W. E. Lewis, Tuskegee; Dr. F. B. Mazen, Miami; Dr. Louis Wright, New York; Dr. A. W. Dent, New Orleans; Dr. J. H. Thomas, Camden; Dr. L. W. Long, Union, S. C.; Dr. A. Ray, Winston-Salem; Dr. L. H. Foote, Dr. H. D. Malloy, Winston-Salem; Dr. H. M. Holmes, Atlanta.

Dr. E. Simpson, Owensboro, Ky.; Dr. J. A. Kennedy, Tuskegee; Dr. I. D. Williams, Atlanta; Dr. U. G. Dailey, Savannah; Dr. W. H. Brothers, Talladega; Dr. Robert Hedrick, Gary, Ind.; Dr. J. H. Hale, Nashville; Dr. Harry Bryant, Birmingham; Dr. W. H. Clark, Raleigh, N. C.; Dr. Sam Chavis, Chicago; Dr. E. T. Taylor, St. Louis; Dr. L. R. Dobbs, St. Louis; Dr. L. D. Howell, St. Louis; Dr. W. F. Penn, Tuskegee; Dr. Drue King, Tuskegee; Dr. E. H. Lee, Tuskegee; Dr. L. J. Morris, Tuskegee; Dr. T. H. Bullock, Nashville; Dr. George Moore, Tuskegee; Dr. Norman Adamson, Dr. A. D. Simington, Dr. P. P. Barker, Dr. H. O. Mathews, Dr. J. W. Wiley, Greensboro; Dr. C. H. Sheppard, Durham, N. C.; Dr. S. L. Warren, Durham; Dr. J. M. Franklin, Prairieview, Texas; Dr. J. J. Peters, Tuskegee; Dr. T. H. Brewer, Columbus; Dr. J. L. Duckett, Greenville, S. C.; Dr. P. K. Gugg, Spartanburg, S. C.; Dr. Harvey Davis, Dr. E. H. Hudson, Dr. L. A. Mahone, Dr. J. W. Garden, Opelika; Dr. Marlon Pruitt, Atlanta; Dr. W. L. Funkhouser, Atlanta; Dr. L. C. Fischer, Atlanta; Dr. D. W. Gal- liene, Columbus; Dr. John Taylor, Mobile; Dr. T. K. Thomas, Auburn; Dr. W. T. Ayers, Columbus, Ga.; Dr. Huitt Askew, Dr. John Kenney, Newark, N. J.; Dr. J. C. Carr, Montgomery; Dr. T. V. McCoo, Eufaula, Ala.; Dr. H. R. Butler, Jr., Atlanta; Dr. G. N. Wood- ward, Fort Valley, Ga.

Dr. R. R. Moton, principal of the

Tuskegee Institute today issued a statement expressing appreciation of "the happy significance of the interracial cooperation shown of scores of doctors of the white and negro races working in cooperation in the clinic for the benefit of the negro doctors and more than a thousand negro patients in need of instructions and medical attention."

The famous Tuskegee choir of 100 voices will sing an Easter cantata "Farm Olivet to Calvary" at services in the chapel at night.

## Employment Is Described As Cure For Mental Disorders At Tuskegee Clinic

TUSKEGEE INSTITUTE, ALA., April 13.—(Special)—Employment under medical direction as a cure for mental disorders was illustrated to physicians and surgeons here today in the fourth day of the week's annual clinics sponsored by Tuskegee Institute. If cure is possible, patients engaged in light tasks soon become gradually able to do more until a cure is effected. Dr. S. O. Johnson showed and demonstrated in a paper on "Presentation of the Significance of Occupational Therapy in the Treatment of Mental Disorders."

The following treatises were presented to the throng of doctors during the day:

"Gastro Enteric Ileus a Clinical Entity," by Dr. Walter Crump, New York; "Physical Therapy Practice" by Dr. Harbey Davis; "Chronic Myocarditis," by Dr. A. D. Simington, Tuskegee Veterans' Hospital; "Hormone Therapy in Obstetrics and Gynecology," Dr. Norman Adamson; and "Contributions of The Negro to Medical Science" by Dr. Raymond Reeves, of Atlanta.

The surgeons and doctors gathered during the afternoon at the U. S. Veterans' Hospital, where Col. J. H. Ward and his staff presented a program. Dr. H. O. Mathews and Dr. R. L. Allen were in charge during a general medical clinic. Dr. Drue King described a year's treatment of pulmonary tuberculosis by induction of artificial pneumothorax.

Dr. Edwin Lee and Dr. J. A. Kennedy demonstrated treatment in phrenico-theresis. Dr. Charles Pitts showed the technique of artificial pneumothorax.

The following physicians and surgeons took part in the clinics today, in which 200 patients were treated:

Dr. S. W. Chavis, Chicago; Dr. A. D. Simington, Tuskegee; Dr. H. M. Holmes, Atlanta; Dr. Charles H. Johnson, Atlanta; Dr. C. E. Simpson, Owensboro, Ky.; Dr. T. M. Smith, Chicago; Dr. H. R. Butler, Atlanta; Dr. Louis T. Wright, New York; Dr. U. G. Bailey, Chicago; Dr. U. F. Laine, Louisville; Dr. J. H. Hale, Nashville; Dr. Walter Crump, New York; Dr. Samuel Lubash, New York; Dr. Alexander Kaye, New York; Dr. W. F. Penn, Tuskegee; Dr. Willard Lane,

Alabama



## Charity Institution On Southside Has An Enviably Record During First Year

BY DOLLY DALRYMPLE

While many people know about the Community Clinic at 3130 Avenue F, South, in the unpretentious little building which houses such a worth while movement, yet there are others who are not aware of its existence.

The clinic is conducted for the benefit of the Negro charity patients of this community by four outstanding Negro physicians, Dr. P. S. Moten, Dr. E. H. Ballard, Dr. Walter L. Brown and Dr. R. B. Maclin, and was inaugurated Feb. 15, 1932, just a year ago, to supplement the Hillman Hospital in caring for the overflow of expectant mothers and other deserving patients.

Dr. Moten who, with his associates, Union, and the Southside Parent-Teacher Association.

is deeply interested in the clinic, All honor and praise to Dr. Moten and his associates for this splendid found last year there were 24 expectant mothers who had no accommodations for the birth of their children, and this he brought to the attention of his fellow physicians, who rented the modest little house on Avenue F, and furnished it as best they could, making a haven of rest for Negro women who found every door closed to them in their hour of suffering and extreme need.

### Many Cared For

Since the Community Clinic opened, 35 cases of childbirth have been taken care of, and in addition to these, the Outdoor Clinic has vaccinated, and given other forms of inoculation and treatment to 1,797 (inclusive of the 35 mentioned), according to Dr. Moten.

There is one full-time nurse, Rose Todd, R. N., employed at the Community Clinic, (24 hours duty) and the rest are volunteers, three in all, who receive no compensation.

Dr. Moten, visioning what it would mean to suffering humanity to provide a place like the Community Clinic, summoned all his will power and initiative to this end.

And now for one year, struggling against lack of funds, equipment, and many other things, Dr. Moten and his associates stand as a living example of man's humanity to man, in the form of the Community Clinic—where sufferers are cared for, and children come into the world, protected and happy.

### Personnel

The staff of physicians ministering to the patients at the Community Clinic include, Dr. Moten, Dr. Ballard, Dr. Brown, Dr. Maclin, and Dr. W. R. Brown (dentist).

The advisory board includes the names of some of Birmingham's outstanding church and welfare workers, among whom are, Harry A. Denman, Mrs. C. P. Orr, the Rev. J. A. Bryan, Dr. J. E. Dillard, the Rev. R. L. Archibald, Dr. J. M. Broady, the Rev. J. C. Stivender, president Birmingham Pastor's Union, and D. R. Price.

The Negro advisory board consists of T. C. Windham, Robert L. Mabry, James A. Taylor, Mrs. Charles Johnson, E. W. Blackwood, Prof. W. R. Woods, J. J. Armstrong; also members of the Baptist Ministers Union, Members of the A. M. E., Ministers

## Community Clinic Doing Good Work Among Negro Women Of Birmingham



Exterior and interior view of the Community Clinic, at 3130 Avenue F, South, which is offering gracious help to suffering humanity among the Negroes of Birmingham.

Birmingham, Ala. News

April 12, 1933

## NOTED DOCTOR AT TUSKEGEE CLINIC

TUSKEGEE—Dr. Walter Breutsch, famous nerve specialist attending the annual week's clinics sponsored by Tuskegee Institute, says American medical science surpasses that of any nation, due to rapid strides made in research in this country within recent years.

Dr. Breutsch, of the Central State Hospital at Indianapolis, recently completed post graduate work in Vienna, Paris and Berlin and was a native of Germany and a graduate of the Heidelberg Medical College, is qualified to compare the medical sciences of various countries.

At the clinics here he is demonstrating his discoveries in treatment of a certain disease by inducing malaria in the patient, and the treatment of general paralysis by the same method.

Recent discoveries in preventive treatment of persons on the verge of diabetes are being demonstrated by Dr. Seale Harris, Birmingham. Advanced methods of removing tumors of the brain were shown by Dr. Louis T. Wright, Negro surgeon of the Harlem Hospital in New York. Dr. T. K. Lawless, Negro specialist of Chicago, is demonstrating progress same method.

Papers have been presented by Dr. Samuel Lubash, New York; Dr. B. C. Giles, Chicago; Dr. J. H. Hale, Nashville; Dr. May Chinn, New York; Dr. W. G. Crump, New York; Dr. Lawless, Dr. W. M. Lane, Washington; Dr. I. D. Williams, Savannah; Dr. George Branch, Tuskegee; Dr. Alan

P. Smith, Dr. William Funkhouser, Dr. L. C. Fischer and Dr. Marion C. Pruitt, all of Atlanta.



Hospitals - 1933

Alabama.

# AMERICAN MEDICAL SCIENCE IS LEADING

Famous German Specialist Says U. S. Research Has Made Rapid Strides

TUSKEGEE INSTITUTE, ALA.

April 11.—(Special)—American medical science surpasses that of any nation, contrary to general belief, due to rapid strides made in research in this country in recent years," Dr. Walter Breutsch, famous nerve specialist who is here attending the annual week's clinics sponsored by Tuskegee Institute, declared in an interview today. Dr. Breutsch is State neurologist, an internationally known expert, for the Central State Hospital at Indianapolis, Ind.

Dr. Breutsch recently completed post-graduate work in Vienna, Paris and Berlin, and as a native of Germany and a graduate of the medical college of Heidelberg University in Germany, is well qualified to compare the medicine men of America with the old world physicians. During the clinics being held here, Dr. Breutsch is demonstrating his discoveries in treatment of a certain disease by inducing malaria in the patient. Dr. Breutsch also is demonstrating in the out-patient clinics the methods of treating general paralysis by induced malaria.

As a young German lieutenant of 17, Dr. Breutsch was wounded on the French front in 1915 in a drive against Gen. Foch's forces, and for two days hung over a barbed wire entanglement, unconscious and at the point of death, as the storm of battle raged all around him. He was then taken prisoner and removed to a prison hospital in France, where he recovered. After 18 months in a French prison, he was exchanged and interned in Switzerland. He then studied medicine at Heidelberg, came to America and became one of the nation's outstanding nerve experts.

Recent discoveries in preventive treatment of persons on verge of diabetes are being demonstrated by Dr. Seale Harris, the famous Birmingham physician. In a clinic today, advanced methods of removing tumors of the brain were shown by Dr. Louis T. Wright, noted negro surgeon from the Harlem Hospital, in New York. Dr. T. K. Lawless, a negro specialist of Chicago, is demonstrating progress in dermatology.

More than 30 doctors participated in the out-patient clinics, in which free treatment was given scores of patients today at the John A. Andrew Memorial Hospital on the Institute campus. In the afternoon and evening, papers were presented by Dr. Samuel Lubash, of New York;

Dr. R. C. Giles, Chicago; Dr. J. H. Hale, Nashville; Dr. May Chinn, New York; Dr. W. G. Crump, New York; Dr. Lawless, Dr. W. M. Lane, Washington, and Dr. I. D. Williams, of Savannah.

Among features of the Wednesday sessions will be a clinic held by Dr. George Branch, head of the neuro-psychiatric service of the Tuskegee Veterans Hospital and Dr. Alan P. Smith; and papers by three famous Atlanta specialists, Dr. William Funkhouser, noted baby specialist; Dr. L. C. Fischer, and Dr. Marion C. Pruitt, professor of rectal diseases, of Emory University.

More than 130 doctors from throughout the country have already arrived for participation in the clinics. Two hundred patients daily are receiving aid during the demonstration.

Atlanta, Ga. Constitution April 15, 1933

## GEORGIA DOCTORS AID CLINIC AT TUSKEGEE

TUSKEGEE INSTITUTE, Ala., April 14.—Nine Atlanta doctors and ten other Georgia physicians have aided 180 other medical men in making a success of the week's annual clinic here, during which 1,000 patients have been treated in the first five days of the week.

The Atlantans attending the clinics here were Doctors H. M. Butler, Marion Pruitt, W. L. Funkhouser, Huitt Askew, H. R. Butler, L. C. Fischer, Raymond Reeves and H. M. Holmes.

The other Georgians were Doctors W. A. Davis, Macon; Howard Griffin, Bainbridge; T. H. Brewer, Columbus; J. M. Dasher, Americus; F. D. Sessions, Washington; I. D. Williams, Savannah; W. P. Galliene, Columbus; W. T. Ayers, Columbus, and G. N. Woodward, Fort Valley.

The clinic will end Saturday and elections of officers of the John A. Andrews Clinical Society will be held on the final date.

Dr. R. R. Moton, principal of Tuskegee Institute, today issued a statement expressing appreciation of "the happy significance of the inter-racial co-operation" shown by scores of doctors of the white and negro races working in co-operation in the clinic for the benefit of the negro doctors and more than 1,000 negro patients in need of instructions and medical attention.

Atlanta, Ga. Constitution April 15, 1933

## ATLANTA DOCTORS TAKE ACTIVE PART AT TUSKEGEE MEET

TUSKEGEE INSTITUTE, Ala., April 12.—Four prominent Atlanta medical authorities took part today in the third day of the week's annual clinics sponsored by Tuskegee Institute. Two members of Emory University medical faculty, Dr. Marion C. Pruitt and Dr. W. L. Funkhouser,

presented papers during the afternoon, as did Dr. L. C. Fischer, head of Crawford W. Long Memorial hospital. Dr. Huitt Askew and the other three surgeons also performed several operations each during the day's demonstration.

Dr. Pruitt lectured on rectal diseases. Dr. Fischer talked on appendicitis and Dr. Funkhouser on baby disease.

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Atlanta, Ga. Constitution April 10, 1933

TUSKEGEE, Ala., April 9 (P).—Nearly two hundred physicians from all sections of the country, assembled here for the annual clinic in connection with the celebration of the fifty-third anniversary of the founding of Tuskegee Institute, took part today in a memorial service for Booker T. Washington, founder. A eulogy of Washington was delivered by President Arthur Howe of Hampton Institute. The clinic which will open tomorrow to last through the week is an annual event at Tuskegee Institute.

Montgomery, Ala. Advertiser April 13, 1933

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## MENTAL DISORDERS STUDIED AT CLINIC

Doctors Present Treatises At Tuskegee Institute Sessions

TUSKEGEE INSTITUTE, Ala., April 13.—Employment under medical direction as a cure for mental disorders was illustrated to scores of physicians and surgeons here Thursday in the fourth day of the week's annual clinics sponsored by Tuskegee Institute. If cure is possible, patients engaged in light tasks soon become able to gradually to do more work and in being kept busy, cure for them is found, it was revealed.

Dr. S. O. Johnson gave a demonstration in a discourse on "Presentation of the significance of occupational therapy in the treatment of medical mental disorders."

Other physicians presenting treatises during the day were Dr. H. Oless, Dr. W. M. Lane, Washington; Mathews, Dr. R. L. Allen, Dr. Drue King, Dr. George Branch, Dr. L. J. Morris, Dr. J. A. Kennedy, Dr. Edwin H. Lee, Dr. Charles Pitts, Dr. Walter Crump, Dr. Harvey Davis, Dr. A. B. Simington, Dr. Norman Adamson and Dr. Raymond Reeves.

In the afternoon the doctors gathered at the United States Veterans Hospital here, where Col. J. H. Ward and his staff demonstrated methods of treating veterans.

Atlanta, Ga. Journal April 11, 1933

## Physicians Lecture At Tuskegee Clinic

TUSKEGEE, Ala., April 11.—(P)—Many physicians from various sections of the country were lecturing and attending lectures here Tuesday at the annual Tuskegee Institute Clinic.

The clinic began Monday on the closing day of the three-day celebration of the fifty-third anniversary of

the founding of the institute. The clinics are being held in the John A. Andrew Memorial Hospital. Two new buildings were dedicated Monday. The new structures, Frissell Library and Armstrong Science Hall, were dedicated to Howard Burke Frissell, second president of Hampton Institute and Samuel C. Armstrong, founder of Hampton. The clinic will run until April 15.

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Papers have been presented by Dr. Samuel Lubash, New York; Dr. B. C. Giles, Chicago; Dr. J. H. Hale, Nashville; Dr. May Chinn, New York; Dr. W. G. Crump, New York; Dr. Lawless, Dr. W. M. Lane, Washington; Dr. I. D. Williams, Savannah; Dr. Drue King, Dr. George Branch, Tuskegee; Dr. Alan P. Smith, Dr. William Funkhouser, Dr. L. C. Fischer and Dr. Marion C. Pruitt, all of Atlanta.

## ANNUAL CLINIC HELD

Physicians Talk Over Problems At Meeting In Tuskegee

TUSKEGEE—Following the conclusion of the three-day celebration of the fifty-third anniversary of Tuskegee Institute here Monday, the annual physicians clinic opened and will be held throughout the week.

Dedication of the new library building to Howard Burke Frissell, second president of Hampton Institute, and a science building to Gen. Samuel Chapman Armstrong, Hampton founder, marked the final day of the anniversary ceremonies.

The clinics started in 1918 with the formation of the John A. Andrew Clinical Society, opened Monday morning after registration. Present-



tations of treatises and demonstrations of newly discovered practices in modern surgery began after the meeting opened with Dr. Eugene Dibble, director of John A. Andrew Hospital, as host.

Papers were presented by the following physicians during the day's sessions:

Dr. R. A. Vonderloehr, U. S. Health Service, Dr. A. P. Smith, U. S. Veterans' Hospital, Tuskegee; Dr. H. E. Lee, Houston; Dr. J. M. Franklin, Prairie View, Texas; Dr. Seale Harris, Birmingham; Dr. W. G. Crump, New York; Dr. H. R. Butler, Atlanta; Dr. L. T. Wright, New York; Dr. Alexander Kaye, New York; Dr. U. G. Dalley, Chicago; Dr. T. K. Lawless, Chicago; Dr. J. A. Robinson, Darlington, S. C., and Dr. W. L. Breutsch, Indianapolis.

## CLINICS CONTINUE

### Treatment Of Mental Disorders Is Illustrated At Tuskegee

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In the afternoon the doctors gathered at the U. S. Veterans Hospital here where Col. J. H. Ward and his staff demonstrated methods of treating veterans.

Montgomery, Ala. Advertiser  
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### Famous German Specialist Says U. S. Research Has Made Rapid Strides

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Recent discoveries in preventive treatment of persons on verge of diabetes are being demonstrated by Dr. Seale Harris, the famous Birmingham physician. In a clinic today, advanced methods of removing tumors of the brain were shown by Dr. Louis T. Wright, noted negro surgeon from the Harlem Hospital, in New York. Dr. T. K. Lawless, a negro specialist of Chicago, is demonstrating progress in dermatology.

More than 30 doctors participated in the out-patient clinics, in which free treatment was given scores of patients today at the John A. Andrew Hospital on the Institute campus. In the afternoon and evening, papers were presented by Dr. Samuel Lubash, of New York; Dr. R. C. Giles, Chicago; Dr. J. H. Hale, Nashville; Dr. May Chinn, New York; Dr. W. G. Crump, New York; Dr. Lawless, Dr. W. M. Lane, Washington, and Dr. I. D. Williams, of Savannah.

Among features of the Wednesday sessions will be a clinic held by Dr. George Branch, head of the neuro-psychiatric service of the Tuskegee Veterans Hospital and Dr. Alan P. Smith; and papers by three famous Atlanta specialists, Dr. William Funkhouser, noted baby specialist; Dr. L. C. Fischer, and Dr. Marion C. Pruitt, professor of rectal diseases, of Emory University.

## Tuskegee Hospital Jobs Under Civil Service Protection

WASHINGTON, May 11.—

(A N P) — Political circles here were somewhat startled this week to learn that the place as head of Veteran Hospital No. 91, located at Tuskegee, Alabama, as well as subordinate positions in the institution are protected by civil service. There has been a disposition to regard the job as head of the hospital as a patronage prerequisite. Several prominent Democratic politicians have been mentioned as being candidates for the post.

An administrator of the Veteran's Bureau, in direct charge of the division comprising the Tuskegee hospital or facility as it is now known, told an Associated Negro Press representative here Saturday that the position of manager of the facility as the office held by Lt. Col. Ward is now called, is not subject to political appointment, but is duly a part of the civil service. "The same is true of the physicians on the staff, the nurses, and practically the entire personnel. Removal can be only for cases of the type which normally would remove an office holder from the civil service or unless this congress abolishes the civil service entirely, which is of course unthinkable," said this spokesman for the bureau, who added that all of the 1400 regular physicians in the service were similarly protected.

"We here at the bureau are proud of the Tuskegee hospital. It has made a record over which any hospital administration might feel gratified. Its possibilities for usefulness will be increased now that it has also become a Home under the new act regulating veteran's benefits," he said.

The change in the veteran's compensation act, eliminating many men who formerly were eligible to receive hospitalization, has resulted in a sharp reduction of occupants in the various Facilities including Tuskegee. The veteran's bureau estimated that between 50 and 55 per cent of those domiciled in the hospital would be mustered

out, when the ruling which granted hospital privileges only to those whose injuries were received in service, during the war period, or who were suffering from a mental disease or tuberculosis. This raises a possibility that the staff might be temporarily reduced. The number of men needing care constantly increases with the years, however, and it is felt probable that the entire Facility will soon be required to house additional veterans who may make application.

The new addition to the Tuskegee Facility which has just been opened, a Veteran's home, has some 300 beds occupied. To be admitted to this home, it is not necessary to be ill, merely to be homeless or without employment or means of earning a livelihood. It is expected that this home will be speedily filled, when veterans learn of its possibilities.



# BRYCE HOSPITAL AND THE TRAGEDY OF THE MENTALLY ILL

The older The Advertiser gets the more devoted it becomes in its thought to Bryce Hospital at Tuscaloosa and the hospital for colored patients at Mount Vernon.

It so happens that The Advertiser has a better appreciation of the indispensable services rendered by the State hospitals for the insane now than it did before February 5, 1933. Since that date it has had a closer contact with this celebrated institution known as Bryce Hospital, due to a type of official information which now necessarily comes to it.

We are sure that every Probate Judge in Alabama will testify to this State's provision for the protection and treatment of those of its citizens who are mentally ill is totally inadequate, and even discreditable to a civilized people.

Day after day Dr. William D. Partlow, the distinguished superintendent of Bryce Hospital, is compelled to advise one or more Judges of Probate that his waiting list is longer than he can possibly accommodate, and that their plea for the immediate admission of a sufferer must be denied due to the fact that he has not the physical facilities to accommodate the sufferer.

Scarcely a month passes but some distressed citizen appeals to every Judge of Probate to telephone Dr. Partlow or his assistants to see if it is possible to expedite the admission of a mentally ill person, usually a near relative of the petitioner. The Judge of Probate in the end writes or telephones, knowing in advance that a special plea can do no good—for if there is no vacant space the hospital can not receive new patients until vacancies occur.

Most of the patients whose relatives or friends knock at Dr. Partlow's door are women. The Advertiser has not checked its figures, but it is confident that Dr. Partlow will confirm this belief. Thus the tragedy of womanhood comes home to us in a startling manner.

But whether men or women lead in numbers, the plain truth is that Alabama's hospitals for the treatment of the insane and the neurotic are far from adequate. This means tragedy to the family of an ill person whose condition requires immediate commitment to the hospital at Tuscaloosa or the one for colored people at Mount Vernon.

Members of such a family often are poor and wholly unable to send their patient to a costly private sanitarium. They have their own lives to live, their own functions to perform, their own livings to earn.

These things they cannot do if their domestic establishment is demoralized by the sufferings of an insane person. All that is left to them is the repugnant course of committing their patient to the county jail until he or she can be received at a State hospital for treatment.

This, or so The Advertiser thinks, is one of the major but unheralded tragedies of our times. No layman can possibly know the sorrow and suffering which this condition imposes upon vast numbers of our people. It is a matter which The Advertiser knows something about. This newspaper here and now pledges itself to counsel with the healthy people of Alabama until they shall be brought to a realization of their responsibility and until they shall have forced the Legislature of Alabama to make adequate provision for the treatment of the mentally ill. The battle may be long, but The Advertiser will remain on the front line till the end as is usual with it. The facilities at Bryce Hospital and possibly at Mount Vernon ought to be doubled THIS YEAR!

Montgomery, Ala.

THE ADVERTISER

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Hospitals - 1933

Florida

The Tampa Negro Hospital has greatly increased in its equipment and status under the superintendency of Dr. G. W. P. Johnson. In a recent letter from Dr. William D. Carter, a representative of the American Medical Association of Chicago, and member of the Council on Medical Education and Hospital, the following statement occurred: Dr. Arestad, our representative, believes your hospital is worthy of a place in the A. M. A. register of hospitals, which was published in the Journal of March 25.

Tampa, Fla. 7-31-33

July 31, 1933

### **Hospital Committee Of Negroes Chosen**

Appointment of a negro advisory committee to assist in handling negro hospitalization problems and operation of the Tampa Negro Hospital has been announced by James T. Swann, chairman of the Tampa Hospital Board.

The committee consists of Christopher C. Green, well known to many Tampanans through long service with Henry C. Giddens Clothing Co., as its porter, chairman; Mary E. Potter, vice chairman; G. S. Middleton, secretary; R. L. Williams, and Rev. A. J. Ferrell.



Hospitals - 1933

Georgia

## INFIRMARY TABLET WILL BE UNVEILED

ON TUESDAY, MAY 23

Address To Be Given By  
R. M. Charlton

A bronze tablet, commemorating the one hundredth anniversary of the founding of the Georgia Infirmary, the first hospital in the United States for negroes, will be unveiled with appropriate ceremonies Tuesday afternoon, May 23, at 5 o'clock.

Pleasant A. Stovall, president of the organization, will preside during the unveiling exercises and introduce Richard M. Charlton, city editor of the Morning News, who will deliver the address.

The actual unveiling of the tablet will be performed by three young girls. One of these is Miss Jane Solomons, daughter of Mr. and Mrs. Joseph M. Solomons, a grand-niece of Dr. Joseph M. Solomons, who for many years headed the institution. Another is Miss Ann Marshall Stovall, granddaughter of Pleasant A. Stovall, and the third is Miss Fanny Augusta Baker, granddaughter of Marcus S. Baker, secretary and treasurer of the Georgia Infirmary board.

The public is invited to attend the unveiling exercises. Special invitations have been extended to the county commissioners of Chatham county, the Mayor and aldermen of Savannah and the ministers of the colored churches and the heads of the negro institutions of the city.

The tablet bears this inscription:  
Georgia Infirmary  
Chartered December 24, 1832  
"For the Relief and  
Protection of Afflicted  
and Aged Africans."  
The First Hospital in United States  
Founded for Negroes  
This tablet erected by the board  
of trustees to commemorate the one  
hundredth anniversary.

1832  
The infirmary was established under grants in the will of Thomas F. Williams. The first meeting of the trustees was held January 15, 1833. The institution has always been operated by white persons and always for negroes.

Its first officers and trustees were Richard F. Williams, president; Patrick Houston, vice president; Richard M. Williams, secretary; Francis M. Stone, treasurer; Rev. Joseph Stiles, Rev. Charles B. Jones, Rev. Charles C. Jones, Abraham Harmon, Jacob Wood, James Barnard, Thomas Clay, Ebenezer Williams, David E. Adams, and Thomas F. Williams, the younger, trustees.

The present officers included the following: Pleasant A. Stovall, president; Dr. Craig Barrow, vice president; Marcus S. Baker, secretary and treasurer; Dr. Thomas J. Charlton, superintendent; Stephen N. Harris, J. P. Wheless, W. W. DeRenne, George A. Mercer, H. V. Jenkins, Frederick Krenson, H. Wiley Johnson, Jacob Gazan, and Harvey J. Gilbert, trustees.

The Georgia Infirmary has grown to large proportions in its hospital and charitable work. Its staff of physicians contains many of the able physicians and surgeons of Savannah. The character of its work, retaining the first aims of the founder, has been much enlarged and now cares for a large proportion of the ailments of the negro population needing relief from physical ailments. The grounds are well kept, modern appliances have been installed, and the institution is one of the notable achievements of the city over a long period of years. Its trustees since the very beginning have been among the leading citizens of Savannah, probably as fine a collection of public spirited men in its 100 years of life as any institution in the city may boast.

Savannah, Ga., News  
May 23, 1933

## GEORGIA INFIRMARY TO UNVEIL TABLET

Exercises Are This After-  
noon at 5 o'Clock

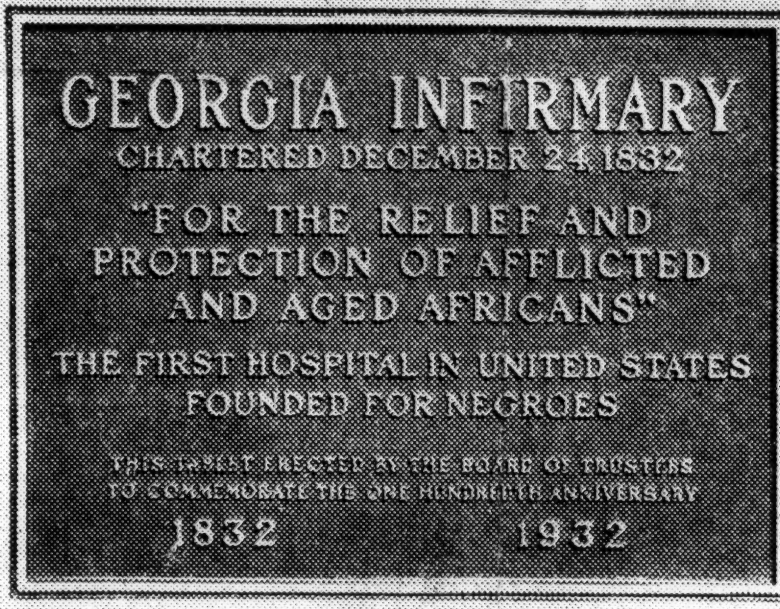
Unveiling of a bronze tablet commemorating the 100th anniversary of the founding of the Georgia Infirmary, the first and oldest hospital in the United States founded by white persons for negroes, will take place at the Infirmary at Thirty-fifth and Lincoln streets this afternoon at 5 o'clock. The public is invited.

Miss Jane Solomons, Miss Ann Marshall Stovall, and Miss Fanny Augusta Baker, granddaughters of trustees, will unveil the marker in presence of officials of the infirmary, city and county officials and citizens. Richard M. Charlton will make the address. Col. Pleasant Stovall will preside.

The tablet bears this inscription:  
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Chartered December 24, 1832  
"For the Relief and  
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The First Hospital in United States  
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## Memorial Tablet Unveiling Today



Commemorating the one hundredth anniversary of the establishment of the Georgia Infirmary, first hospital in this country for negroes operated solely by white persons, exercises will be held this afternoon at 5 o'clock at the infirmary.

Its first officers and trustees were Richard F. Williams, president; Patrick Houston, vice president; Richard M. Williams, secretary; Francis M. Stone, treasurer; Rev. Joseph Stiles, Rev. Charles B. Jones, Rev. Charles C. Jones, Abraham Harmon, Jacob Wood, James Barnard, Thomas Clay, Ebenezer Williams, David E. Adams, Edward Bourquin, and Thomas F. Williams, the younger, trustees.

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## Baptists Plan Refinancing Of Hospital Bond Issue

"Lynch Law," "Unwholesome" Movies, Sunday Amusements and Beer Condemned.

By BEN F. MEYER.

AUGUSTA, Nov. 16.—(AP)—Georgia Baptists today gave approval to refinancing the entire \$340,000 bond issue of the denominational hospital at Atlanta, but favored postponement of the move, if possible. Hospital and educational interests

clashed during debate on the bond issue proposal as they had done yesterday when the convention decided to delay for at least a year a plan to center educational activities at Mercer University.

The Baptist hospital in Atlanta last June was forced to default in a principal payment and the new plan would permit the payment of the issue over a period of 40 years with delayed payment of the principal for several years.

"Lynch law," and "unwholesome" moving pictures and Sunday amusements drew the fire of the social service commission in its annual report today. President Roosevelt's recovery program was praised by the commis-

sion, but the Baptist leaders said those who were teaching temperance, sobriety and total abstinence had their "greatest counter-influence" in the federal government, which for revenue purposes, desires "to have the people drink all the liquor they can be induced to drink."

A proposal to give up the Baptist hospital was offered by the Rev. Fred E. Smith, of Augusta. H. T. Brookshire, of Elberton, moved for approval of the plan but at a later date and his motion was adopted. At the same time the convention voted to approve the plan for refinancing outstanding bonds of the hospital with the provision included that the refinancing be postponed as long as possible.

The social service commission's report termed lynching "a barbarous crime" and said "every perpetrator in the crime of lynching should be apprehended and brought to trial. Stricter censorship for moving pictures was urged in the report which held that "abandonment of long accepted ethical standards and the general moral looseness which characterized our times" was due to the influence of motion pictures. The sale of 3.2 beer in some localities in violation of the state prohibition law was called to the attention of law enforcement agencies.

Appointments to the executive committee of the convention and new trustees for various Baptist institutions over the state were announced at today's session.

Convention committee chairman for the next year were named as follows: Order of business, Rev. A. J. Moncrief, Decatur; benevolence, Miss Malinda Roberts, of Canton; state missions, Rev. Gordon Brooks, of McDonough; home missions, Rev. Raleigh White, of Albany; foreign missions, Rev. W. H. Barrett, of Dawson; education, Rev. Harry Smith, of Barnesville; Christian India, Rev. E. C. Sheridan, of Augusta; time, place and preacher, Rev. J. S. Wilder, of Savannah; nominations, Rev. R. C. Young, of Newnan.

The convention elected the following to the group on the executive committee, whose terms expire in 1938: The Reverends W. T. Evans, Washington; T. R. Harville, Millen; Raleigh White, Albany; G. F. Tyner, Augusta; J. L. Clegg, Warrenton; Henry Brookshire, Elberton; W. H. Barrett, Dawson; R. C. Young, Newnan; J. S. Hartsfields, Eastman. To fill vacancy of a term expiring in 1937: Rev. Roland Leavell, of Gainesville; Vice E. F. Campbell, Macon, who has moved to Virginia.

Holding commission terms expiring in 1936: Jessie Hart, Macon, and T. I. Harrison, Sandersville. To vacancy expiring in 1934: T. E. Ryals, Macon; Vice C. E. Burts, Macon, who has moved to South Carolina.

Mercer trustees, terms expiring 1938: W. A. Bootle and J. M. Heard Macon; William Murphy, Savannah. E. E. McCandless, Canton; Robert Gambrell, Macon, and Brown Nicholson, Columbus.

Bessie Tift trustees, terms expiring 1937: Mrs. John Stevens and W. H. Newton, Forsythe; Mrs. E. L. Taner, Douglas; Mrs. E. K. Overstreet



Hospitals-1933

# Formal Opening Of Black District Greater Provident Hospital Held

6-1-33

CHICAGO, Ill., June 1.—(ANP)—Forty-years of earnest, constructive effort between some of the most notable white and colored citizens of Chicago was symbolized Thursday when the magnificent \$3,000,000.00 Greater Provident Hospital and Training School, affiliated with the University of Chicago, was formally opened to the public.

The late Julius Rosenwald, whose philanthropies and faith were largely responsible for the new institution, and who, with the late Dr. Frank Billings, led a campaign to raise \$1,250,000 among the citizens of Chicago for Greater Provident, described the effort then as "the greatest project for the American Negro since Lincoln's Emancipation Proclamation."

Various ceremonies were arranged by the board of directors, the women's auxiliary and the Ella Smith taggers for the entertainment of the public during the period of the formal opening from June 2 to June 11.

Alexander L. Jackson is chairman of the mixed board of directors and Admiral N. J. Blackwood is medical director.

Names associated with the early history of Provident hospital were: Philip D. Armour, whose initiative gave the institution its start at 29th and Dearborn streets; Dr. Dan J. Williams, its chief of staff for many years, who was the first surgeon in this country to perform a successful operation on the human heart; Mrs. T. B. Blackstone, whose interest was also largely responsible for the success of the tenor, George Garner; George M. Pullman, Marshall Field, head of the great merchant family; Cyrus H. McCormick, founder of the International Harvester company; John J. Mitchell, the late banker; Potter Palmer, whose wife was for many years the social leader of Chicago; J. Ogden Armour, rich packer; Nathan Freer, who at a cost of

\$25,000 established the Esther Freer Home for Nurses in memory of his mother; and Dr. George C. Hall, chief of staff.

In 1930, the hospital had graduated 238 nurses, qualified 143 doctors for state licenses through internships and served 150,507 patients.

Perhaps the most striking situation which led to the expansion program was the state of Negro health in the city of Chicago. Figures for 1928 showed that the Negro death rate was 122 per cent higher than that of the white population, and even higher than that for Calcutta, India, notorious for one of the highest rates in the world.

When plans were made for affiliation with the University of Chicago and Rush Medical College, the following objectives were kept in mind:

1. Provisions of clinical instruction for Negro undergraduate medical students.

2. To increase the number of internships available to Negro medical graduates.

3. To provide postgraduate education and training, practically denied in this country.

4. To provide for the professional advancement of highly qualified physicians on a par with opportunities then available only to whites.

5. Provision of opportunities for teaching and research as well as clinical medicine, surgery and the specialties.

6. Provision of opportunities of studying diseases which are the gravest health problem of Negroes.

7. To study Negro public health problems and to train Negro public health workers.

8. To train under improved conditions a greater number of nurses.

9. To train Negro technicians for laboratory, x-ray and electrocardiograph work and to develop administrators for hospitals serving Negroes.

10. To train Negro social workers and to study Negro social problems.

The three millions which the hospital cost was divided as follows: \$1,000,000 to provide a teaching and research fund for the University of Chicago; nine hundred thousand dollars for the physical hospital, of which \$750,000 was expended for the purchase of the Chicago-Lying-In hospital and \$150,000 for remodeling and new equipment. And, finally, \$1,100,000 for an operating fund.

The General Education Board gave \$1,000,000 to the project, the Julius Rosenwald Fund and the Conrad Hubert, \$750,000, and \$1,250,000 was raised by popular subscription.

The new hospital has 128 beds for adults and 22 bassinets. There are approximately 100 employees. In 1932, in the old location, 1,203 patients were served in beds and 50,000 in the clinic.

From the standpoint of its x-ray equipment the new Provident hospital is superior to any in the city. It is the first to use a finely sensitized paper instead of film for the development of x-ray negatives.

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The members of the staff announced were as follows:

Department of surgery: Doctors H. P. Cooper, Ulysses G. Dalley, Julian Dawson, Roscoe C. Giles and Norman Adamson, P. C. Charles Count T. Teffner, Associate attending surgeons; Drs. Joseph A. Berry, Alfred Diggs and Arthur G. Falls, Junior attending surgeons; Drs. Abel C. Anthony, Hugh Be-guesse, John W. Chenault, Marcel-lous H. Goff, Earl L. Gooden and

Department of obstetrics: Dr. Pe-dro M. Santos, senior attending ob-stetrician; Drs. C. Leon Wilson, as-sociate attending obstetrician; Drs.

Department of medicine: Dr. A. Wilberforce Williams, senior attend-ing physician. Doctors Walter A. Adams, Everett W. Campbell, Troy Smith, George C. Ellis, James L. Hall and Homer V. Wilburn, asso-ciate attending physicians; Drs. Leonidas H. Berry, John W. Bur-rell, Clarence H. Payne, T. Manuel

Smith, Audley F. Connor, A. B. Terrell, Henry C. Tolbert and Hen-ry M. Trammell, Junior attending physicians; Drs. Fred C. Cade, A. L'Avnire Lucas and David C. Rog-ers, senior clerical assistants; Drs. James H. Barnes, Samuel W. Chav-ais, Roy P. Garrett, Adolphus N. Gordon, Elizabeth Hill and Lorenzo R. Nelson, junior clinical assistants.

Department of pediatrics: Dr. Walter H. Maddux, associate at-tending pediatrician. Doctors Ed-ward W. Beasley, E. K. McDon-ald, Herbert T. Turner, Dale Bev-erly and Maurice Winston, junior clinical assistants.

Gynecology, Obstetrics

Department of gynecology: Doc-tors William W. Gibbs and James R. White, senior attending gynecologists; Doctors William Tate, F. Eugene Butler, Charles V. Dudley, and J. H. Howard, junior attend-ing gynecologists; Drs. William H. H. P. Cooper, Ulysses G. Dalley, Ju-lian Dawson, Roscoe C. Giles and Norman Adamson, P. C. Charles Count T. Teffner, Associate attend-ing surgeons; Drs. Joseph A. Berry, Alfred Diggs and Arthur G. Falls, Junior attending surgeons; Drs. Abel C. Anthony, Hugh Be-guesse, John W. Chenault, Marcel-lous H. Goff, Earl L. Gooden and

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Department of pathology: Dr. Ju-lian Lewis, senior attending pathol-ogist; Drs. George Shropshire and Harry C. Harris, junior attending pathologists.

Department of anaesthetics: Dr. Clarence E. Jamieson, junior at-tending anaesthetist and Dr. Manny M. Dillard, senior clinical assistant.

Department of Roentgenology: Dr. Benjamin W. Anthony, junior attending roentgenologist and Dr. John W. Lawlah, senior clinical as-sistant.

Dental department: Doctors Rob-ert R. Church, Silas P. Jones, J. Spurgeon Morris and James J. Yar-ber, associate attending dentists; Drs. William D. Giles, Elmer Mac-Millan, Howard B. Shepard, and Will H. Weathers, junior clinical assistants.

Dr. Homer Cooper is chairman of the department of surgery and chairman of the executive commit-tee for the staff. Dr. James Lowell Hall is chairman of the Department of General Medicine. Dr. Julian Dawson is chairman of the com-mittee on standards. Dr. Homer V. Wilburn is chairman of the record committee and Dr. Carl G. Roberts, chairman of the committee on in-ternes.

Admiral N. J. Blackwood is su-perintendent, A. L. Jackson, presi-dent, and Miss Bella V. Overton, superintendent of nurses.

Alfred D. Blanchet and George Brown, junior attending obstetri-cians; Drs. Lawrence Blanchet, sen-ior clinical assistant and Dr. Gor-don V. Fletcher, junior clinical as-sistant.

Department of ophthalmology and otolaryngology: Dr. Spencer C. Dick-erson and H. Reginald Smith, sen-ior attending surgeons; Drs. Clau-dius L. Forney, associate attending surgeon; Dr. Leon A. Tancil, junior attending surgeon; Dr. Roosevelt Brooks, senior clinical assistant; Drs. Harsba F. Bouyer, Merrill Cur-tis, William M. Jones and B. K. Palit, junior clinical assistants.

Department of genito-urinary surgery: Dr. Walter S. Grand, as-sociate attending surgeon and Dr. Vance Mullon, senior clinical as-sistant.

Department of dermatology: Doctors Frank V. Plummer and Ralph Scull, associate attending dermatologists; Dr. Paul G. Mat-this, junior attending dermatolo-gist; Dr. Paul G. Matthis, junior attending dermatologist; Drs. Hen-ry H. Morrison, Harold W. Thatch-er and Horac Scott, junior clini-cal assistants.

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### HOSPITAL FOR NEGROES

According to promoters Indianapolis will soon have a private hospital for colored people.

The venture, when it shall have become an accomplished fact, will satisfy a long felt need in this community.

The men and women responsible for launching the program are entitled to much credit for having the courage to attempt to place Indianapolis on a par with other progressive cities of the nation.

A splendid manifestation of civic aspiration, the hospital project is at least one in which every ambitious Indianapolis resident should take much pride.

Constitution and by-laws for what is now known as the new hospital association were adopted at a recent meeting at which regular officers were elected.

There is every need for such an institution in this city, and we know of no reason why the program should not be hugely successful.

An efficiently conducted, liberally patronized hospital is the logical thing for the Indianapolis public.

That has been for long a recognized and advocated fact. Friends of the movement have always been, and still are insistent in their claim that it is in the best interest of the people to establish just such a hospital in this city.

Indianapolis with its enviable faculty of superior medical and surgical talent is in the first rank of American cities.

In other words we have the needed high efficiency in our physicians. What is now wanted is a public supported hospital to afford them the necessary opportunities for unhindered professional practice.

Like the St. Vincent, and Methodist hospitals in Indianapolis, and similar institutions in Chicago and Philadelphia, the proposed private hospital for members of the group in Indianapolis is worthy of the support we are confident it will receive.



Hospitals - 1933

## FOUR DOCTORS PLACED IN NEW HOSPITAL JOBS

2-3-33

Hospital Commissioner Lohr announced the appointment of four colored doctors in the inauguration of new plans to treat patients at their homes to relieve the crowded conditions at City Hospital No. 2.

Those receiving temporary appointment to the staff on half time in capacity of dispensary physicians for assignments to patient's home service were Drs. L. B. Howell, T. A. Lewis, H. H. Weathers and J. E. White. Each will receive \$87.50 a month and \$15 for the expenses of operating their automobiles.

ST. LOUIS, MO.

POST DISPATCH

FEB 13 1933

### NEGRO HOSPITAL.

A solution of the Negro hospital problem is contained in a bill introduced in the Board of Aldermen by President Neun. It proposes to add \$1,500,000 of bond issue funds, now allocated to the abandoned project of a northeast approach to the Municipal Bridge, to the \$1,200,000 already available for the hospital. Consent of the voters is necessary, but this will no doubt be freely given if the proposal is placed on the ballot.

As in many other aspects of the 1923 bond issue, the Negro hospital item was not accurately estimated. With \$1,200,000, on the testimony of City Engineer Bowen, it will be possible only to complete the administration and service buildings and one wing of the ward building, to accommodate 300 patients. If the northeast approach funds are diverted, the city could complete the entire hospital, including a nurses' home, superintendent's residence and accommodations for 600 patients.

Anyone at all familiar with conditions at City Hospital No. 2 knows how badly the Negro population needs new hospital facilities. Ten years have elapsed since the bond issue was passed and, in the meantime, a condition of near-emergency has been created. Part of the delay was due to a dispute over the location of the new hospital, one group contending for its construction as a unit in the City Hospital group and another arguing for its complete separation. But now that controversy is settled, every possible means should be used to make the new hospital a fait accompli.

The device of diverting the northeast approach funds is a simple and logical one. We urge the Aldermen to approve it.

SAVANNAH, Ga. Press  
Tuesday, February 14, 1933

## WILL SOON MARK GEORGIA INFIRMARY

### BRONZE TABLET TO PRO- CLAIM IT AS FIRST HOS- PITAL FOR NEGROES

The inscription for the tablet to be placed on the Georgia Infirmary marking it as the first hospital in the United States founded for negroes, and will be placed within the next several weeks with appropriate exercises.

The order for the tablet has been given by a committee from the board of the Georgia Infirmary to Price & Mapes and it was forwarded to the manufacturers today.

The following inscription will be on the tablet:

GEORGIA INFIRMARY  
Chartered December 24, 1832  
"FOR THE RELIEF AND  
PROTECTION OF AFFLICTED  
AND AGED AFRICANS"  
The First Hospital in the United  
States Founded for Negroes.  
This Tablet Erected by the Board of  
Trustees to Commemorate the  
100th Anniversary.

1832  
ST. LOUIS, MO.  
TIMES

MAY 24 1933

### WHEN CITY AFFAIRS BEGIN TO MOVE.

Mayor Dickmann has ordered work started at once on the new Negro hospital. If Mayor Dickmann has ordered an investigation of the poor facilities for guarding insane criminals at the City Sanitarium, Mayor Dickmann is going ahead with things the city has long needed done. Municipal progress is just what municipal leadership makes it. The people these days demand executive action and will back anybody who supplies it.

The hospital for Negroes has been a disgrace for years. Nobody took steps to relieve the congestion, repeatedly condemned by grand juries, until Mayor Dickmann a few days ago ordered the transfer of some of the patients to a private institution. A few months ago it was said that only the new hospital medical center and administration building could be built with the bond funds voted back in 1923, and there would be no wing to house the patients until the city from some mysterious

source got more money. Mayor Dickmann has ordered construction to go ahead on the wing without which the other buildings would be useless.

From time to time insane criminals have escaped from the City Sanitarium as six of them did Sunday night, but the city continued to house these dangerous persons in the same old way. The mayor proposes that the present quarters shall be made safer or the prisoners sent somewhere else.

Mayor Dickmann is tackling city problems as they arise, instead of waiting for the millennium. That is the kind of executive the city has been waiting for.

ST. LOUIS MO POST DISP

APRIL 5, 1933

### FATE OF THE FOUR PROPOSITIONS.

We consider it highly regrettable that the voters of St. Louis yesterday failed to approve the bond issue proposals that would have provided an adequate hospital for Negroes. The delay in bringing about this important health measure had already been duly great, and it is unfortunate that it must now be prolonged. Both political parties had approved the plan to repeal the bond issue item of \$1,500,000 for a northeast approach to the Municipal Bridge, an abandoned project, and to transfer that amount to the hospital fund.

Failure of this sensible plan may be attributed largely to the lethargy of the voters, for scarcely two-thirds of them took the trouble to vote on the matter. It is a sad state of affairs when a partisan contest brings out a record vote, and a matter of humanitarianism, affecting directly and indirectly the health of the entire community, fails to produce enough ballots to carry. The economic situation, inspiring as it does a desire to curb all forms of spending, both wise and unwise, also undoubtedly had its effect on this issue. Yet the money involved had already been authorized by the voters, and for a purpose far less important than the Negro hospital. A mere transfer was involved, not a new proposal to spend money.

The present Negro hospital is disgracefully inadequate. The funds now available for a new structure fall far short of the city's needs in this respect, since only a 300-bed hospital can be built, instead of the 600-bed hospital so urgently required. After years of promises by both political parties, it is disheartening that St. Louis should default on this obligation. Either the city will have to go through another bond election or hospital facilities for 11 per cent of our citizens will remain below standard.

As to the two Charter amendments dealing with condemnation procedure, we rejoice that No. 10 was adopted and No. 11 was defeated. The first will put into practical use the lessons St. Louis has learned in its arduous experience with a cumbersome sys-

tem of condemning property to be used in public improvements. A major result of the amendment will be to establish a permanent condemnation commission, to supplant the special appointive bodies such as caused a delay of 13 years in getting rid of the Lindell bottleneck, and caused the Hall's Ferry awards to be denounced by Mr. Nolte as a "gyp."

Defeat of Amendment No. 11 has the effect of preserving the city's system of paying for major street improvements. Agitation among taxpayers in districts where street improvements were proposed led to the effort embodied in the defeated amendment to have the benefits assessed against surrounding property limited to 15 per cent of the total damage, the remainder to be paid from gasoline taxes (50 per cent) and general city revenue (35 per cent). That property owners in districts where improvements have been completed on the old basis would be assessed through gasoline and property taxes, for improvements in other parts of the city. This would have worked a clear injustice.

The system of making benefited districts pay for the improvements, which the experience of other cities, as well as of St. Louis, has shown to be the best one, thus is preserved. There have been some injustices and inequalities in the working of this system in the past, it is true, but the object of Amendment No. 10 is to remedy these evils. A victory for the most efficient and just manner of making city improvements has been achieved by the course taken by the voters on these two amendments.



NOV 2 1933

OUR DUTY IS PLAIN.

St. Louis' duty in the matter of giving support to the \$1,500,000 hospital bond issue, to be voted on at a special election, November 21, is obvious. Civic honor is at stake and will not be fully restored until we have provided the means for completing the City Hospital we have started for the care of Negroes. We have already delayed the needed improvement overlong and the shortest path of correction lies in the direction of bond-issue approval.

As has been pointed out many times, and as was emphasized in the campaign which failed by so small a margin last spring, the proposed bond issue will not add to St. Louis' bond commitments, the effect of a favorable vote being to transfer an item of the 1923 bond issue from a Municipal Bridge approach that is not now needed to a public hospital for Negroes that is vitally needed; applying an idle overplus to a public project that is supported by every economic and humanitarian justification.

There can be no question of the need for the hospital improvement. We voted what was deemed adequate funds for the purpose ten years ago. After many and unconscionable delays, we are just building what in effect is little more than half of a hospital for use of Negroes. It will be modern in building and facilities, as far as it goes. The distressing fact is that it does not go far enough. It will provide about 300 beds, where 600 are needed—not at some future date, but now. In the meantime, old City Hospital No. 2 for Negroes remains what it has been for many years, "a disgrace to the city," as testified to by succeeding grand juries and by hospital and health officials who have observed the congestion and the distressing effect of congestion in the spread of disease. To say very little about the need for sending overflow patients to other hospitals at a cost to the city of near \$100,000 every year.

So there is high purpose urging the Health and Hospital Division of the Community Council to its leading position in the campaign that is now under way for the success of the bond-issue vote less than three weeks from now. It is the intention of the division to enlist the support of civic and welfare organizations throughout the city in order to get out the vote at the special election and do what must be done to correct an injustice that has persisted for the last ten years. There can be no doubt that a great majority of citizens favor the transfer of the bonds and the enlarged and adequate hospital they will pay for. Last spring, with more than 200,000 persons voting, the proposal failed to receive the necessary two-thirds vote by approximately 2 per cent of the total. And apathy that failed to send a larger list of voters to the polls was responsible. There must be no such apathy this month.

# LAY CORNER STONE OF NEW HOMER PHILLIPS HOSPITAL

By R. C. FISHER

ST. LOUIS, Mo., Dec. 15.—Corner stone laying ceremonies for the new Homer G. Phillips hospital for our people at Whit-tier St. and Kennerly Ave. were held last Sunday afternoon at the hospital. More than 4,000 persons attended the ceremonies, including civic and political leaders of both races.

Two bands, of which was composed of white furnished the music for the event and afterward the speakers and many of the spectators made their way to St. Mary's infirmary, 14th and Penn Sts., where similar ceremonies were held in connection of the taking over of that institution by Catholic sisters of St. Mary for our use.

Mayor Dickmann, who laid the corner stone with a silver trowel, made the principal speech.

"Knowing of the dire need for this building," he said, "one of my first officials act upon assuming office was the removal of patients from the makeshift hospital to relieve in part at least the congestion then existing. I am deeply appreciative that the first significant act of the people of St. Louis during my administration was the approval of transfer of funds with which to complete the new \$2,280,000 hospital."

Frank L. Williams, principal of Vashon high school, presided at the corner stone laying ceremonies. The invocation was given by Rev. Jonathan A. Dames, pastor of St. James A. M. E. church, who introduced Dean Numa P. G. A. Adams of the Howard university medical school.

Dr. Oral S. McClellan, superintendent of City hospital No 2, one of the outstanding advocates for the Homer Phillips hospital, was one of the speakers.

Mrs. Homer G. Phillips, widow of the internationally known lawyer and politician, for whom the hospital is named, spoke briefly. Attorney Phillips was assassinated several years ago. He was an untiring worker in behalf of a hospital for his people here and was regarded as a leader in all movements for racial uplift. Other speakers were Walter J. G. Neun, president of the board of alderman; W. T. Walton, teacher at Sumner high school, and Dr. W. S. Quinland, director of medicine of Meharry college, Nashville, Tenn.

At St. Mary's infirmary talks were made by Mrs. John W. Evans of the Provident association; Thomas A. Jefferson, St. Elizabeth's Men's Colored sodality, and Rev. William Markoe, editor of the Interracial Review.

The 150-bed infirmary has an active visiting staff of 30, one resident physician, three internes and an externe, 15 graduate nurses and 20 student nurses.



Hospitals - 1933

Missouri.

**ST. LOUIS, MO.**  
**TIMES**

**FEB 20 1933**

**ST. LOUIS OWES THIS HOSPITAL DEBT.**

At last the Board of Aldermen has offered St. Louisans a practical way to redeem their promise in the \$87,000,000 bond issue for a hospital for Negroes to replace the ramshackle structure known as City Hospital No. 2. The \$1,500,000 voted for that purpose ten years ago was not enough to buy the site and build an efficient hospital unit. The existing Negro hospital is a disgrace to the municipality and should have been replaced long ago. Grand juries have repeatedly declared it a health menace and a fire trap. Apparently only the exigencies of the city election campaign have forced action at this time, but whatever the reason, it is in a good cause.

The aldermen have provided for a vote on a proposal to transfer the \$1,500,000 bond issue fund for a northeast approach to the Municipal Bridge, no longer needed, to the hospital fund and to go ahead and complete it. That puts the question of keeping faith squarely up to voters. Not only that, but the question of safeguarding the health and wellbeing of a large section of the city's population is involved. You can't expect any race to advance if the community where it lives shows so little regard for it as has been shown by this indefensible hospital delay.

**ST. LOUIS, MO.**  
**STAR**

**MAR 20 1933**

**A NEW NEGRO HOSPITAL.**

The action of Catholic authorities in turning the vacated St. Mary's Infirmary into a hospital for Negroes shames the city government which for more than ten years has failed to give members of this race the hospital facilities taxpayers willingly voted. With an advisory staff from the St. Louis University School of Medicine and an active staff of forty-seven Negro doctors, the preference of Negroes to be treated by members of their own race is recognized, while at the same time they are given as good consultative service as is available to whites.

The slow progress in building the city

Negro hospital provided for by bond issue years ago is the most glaring failure of City Hall improvement work. The project is now virtually halted, as far as practical use goes, by the need of more funds.

Meanwhile, use of the insanitary and dangerous City Hospital No. 2 goes on. It is a matter of civic interest that in this situation the urgent hospital needs of a large section of the city's population are to be taken care of by a religious organization.

**ST. LOUIS, MO.**  
**GLOBE DEMOCRAT**

**APR 6 1933**

**HOSPITAL BONDS DEFEATED.**

It is regrettable that St. Louis voters failed to approve the proposal for issuance of \$1,500,000 bonds for the completion of the new City Hospital for Negroes and its companion proposal repealing authority for an issue for the same amount for the northeast approach to the Municipal Bridge. And it is additionally regrettable that the failure was due to apathy more than it was due to active opposition.

The proposals, of course, required two-thirds majorities. And the hospital bond proposal failed of this majority by approximately 3500 votes, with only 206,597 votes cast either for or against. That means, on the basis of the vote for the two leading candidates for Mayor that more than 90,000 or almost one-third of those who attended the polls did not vote on the hospital proposal at all. And even a greater number failed to vote on the bond repeal proposal.

In view of our equal obligation to all citizens and the unequal and inadequate hospitalization that is available for unfortunate members of the Negro race even after the unit of the new City Hospital for Negroes now under construction has been completed and occupied, this failure does not reflect credit upon the voting integrity of the citizens. Pledges that were made a part of campaign for passage of the forward-looking bond issue a decade ago will have to be carried out sooner or later and should have been carried out, if not before, at least when opportunity offered at Tuesday's election. Now, at the first opportunity, we must go through another campaign. For the debt must be paid. But in the meantime worthy citizens must suffer and even die from neglect.

**ST. LOUIS, MO.**  
**POST DISPATCH**

**APR 3 1933**

**THE NEGRO HOSPITAL.**

The politicians have decided to take the hospital Negroes out of politics. Accordingly, both the Republican and Democratic city committees have endorsed the propositions to be voted on tomorrow of using an unexpended \$1,500,000 of the bond fund for the completion of the hospital.

The propositions ought to carry, not only as a matter of justice to the Negroes, but as a proper, necessary municipal health measure.

This hospital should have been built long ago. Controversies of one kind and another have delayed it. It is time to build it. The propositions should be ratified.

**ST. LOUIS, MO.**  
**GLOBE DEMOCRAT**

**MAR 30 1933**

**SHOULD VOTE HOSPITAL BONDS.**

Two widely dissimilar though fraternal bond proposals will be passed on by voters at the Municipal election next Tuesday and both should be approved. One repeals a proposition authorizing the issuance of \$1,500,000 bonds for a bridge approach which is not now needed, voted as a part of the 1923 bond issue, and the other authorizes bonds in an equal amount for the completion of a City Hospital for Negroes, without altering the city's total bond commitments. In effect, the two propositions contemplate nothing more than a diversion of authorized bond funds from one project that is not now necessary to another project that is.

In 1923, \$1,200,000 of the \$87,000,000 bond issue was set aside for construction of a City Hospital for Negroes, a sum that was considered adequate at the time but that has since been outdistanced by growing need. Construction under benefit of this original sum is now under way and the building which will result will have capacity for only 300 beds, where 600 beds are now considered necessary. Transferring lethargic bridge approach funds from the present authorized state to activity as proposed in the two bond propositions on Tuesday's ballot will achieve the desired result. And at the same time renew the faith of a particularly needful level of society that has suffered overmuch and overlong.

Present hospital facilities for the enlarged Negro population of St. Louis are a disgrace to the city and have been so declared by successive grand juries. They are inadequate in scope and have failed to correct if they are not actually responsible in part for the distressing Negro death rate, which, according to the Urban League is twice that of the

cable disease, wherever it may be found, is a threat to the general public health. If we do not care for a particularly unfortunate class of our population in the spirit of sympathy, then we should in self interest.

white population, with Negro infant mortality increased 6 per cent in the last five years while white infant mortality has fallen 40 per cent. At least a part of this frightful difference, we must believe, is due to the varying facilities of hospitalization that are at hand for the divisions. The daily average of patients at the present City Hospital for Negroes is more than 400 with many turned away, and the erection of one wing of the new hospital, now possible with the funds in hand, will care for less than three-fourths of the number now actually cared for. It is obviously our public duty to vote the bonds and relieve the situation by building the hospital as originally planned, when the initial bond issue would have been almost if not entirely sufficient.

Nor need the white voter be entirely unselfish in voting for the bond proposal and its companion-ate repeal proposal. Inadequate care of communi-



# STIMUL

**ST. LOUIS OWES**

Negro hospital provided for by bond issue years ago is the most glaring failure of City Hall improvement work. The project is now virtually halted, as far as practical use goes, by the need of more funds. Meanwhile use of the insaniatary and

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**STAR**

**A NEW NEGRO HOSPITAL.**

In view of our equal obligation to all citizens of authorized construction projects that is. In 1923, \$1,200,000 of the \$87,000,000 bond issue and the unequal and inadequate hospitalization that not now necessary to another project that is. is available for unfortunate members of the Negro race even after the unit of the new City Hospital was set aside for construction of a City Hospital for Negroes now under construction has been completed and occupied, this failure does not reflect at the time but that has since been outdistanced by credit upon the voting integrity of the citizens, growing need. Construction under benefit of this Pledges that were made a part of campaign for past original sum is now under way and the building sage of the forward-looking bond issue a decade ago which will result will have capacity for only 300 will have to be carried out sooner or later and beds, where 600 beds are now considered necessary. should have been carried out, if not before, at least Transferring lethargic bridge approach funds from when opportunity offered at Tuesday's election. Now, the present authorized state to actively as proposed at the first opportunity, we must go through an in the two bond propositions on Tuesday's ballot other campaign. For the debt must be paid. But in will achieve the desired result. And at the same the meantime worthy citizens must suffer and even time renew the faith of a particularly needful level of society that has suffered overmuch and overlong Present hospital facilities for the enlarged Negro die from neglect.

APR 3 1933

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cable disease, wherever it may be found, is a threat to the general public health. If we do not care for a particularly unfortunate class of our population in the spirit of sympathy, then we should in self interest.



ST. LOUIS, MO.  
POST DISPATCH

APR 5 1933

FATE OF THE FOUR PROPOSITIONS.

We consider it highly regrettable that the voters of St. Louis yesterday failed to approve the bond issue proposals that would have provided an adequate hospital for Negroes. The delay in bringing about this important health measure had already been unduly great, and it is unfortunate that it must now be prolonged. Both political parties had approved the plan to repeal the bond issue item of \$1,500,000 for a northeast approach to the Municipal Bridge, an abandoned project, and to transfer that amount to the hospital fund.

Failure of this sensible plan may be attributed largely to the lethargy of the voters, for scarcely two-thirds of them took the trouble to vote on the matter. It is a sad state of affairs when a partisan contest brings out a record vote, and a matter of humanitarianism, affecting directly and indirectly the health of the entire community, fails to produce enough ballots to carry. The economic situation, inspiring as it does a desire to curb all forms of spending, both wise and unwise, also undoubtedly had its effect on this issue. Yet the money involved had already been authorized by the voters, and for a purpose far less important than the Negro hospital. A mere transfer was involved, not a new proposal to spend money.

The present Negro hospital is disgracefully inadequate. The funds now available for a new structure fall far short of the city's needs in this respect, since only a 300-bed hospital can be built, instead of the 600-bed hospital so urgently required. After years of promises by both political parties, it is disheartening that St. Louis should default on this obligation. Either the city will have to go through another bond election or hospital facilities for 11 per cent of our citizens will remain below standard.

As to the two Charter amendments dealing with a condemnation procedure, we rejoice that No. 10 was adopted and No. 11 was defeated. The first will put into practical use the lessons St. Louis has learned in its arduous experience with a cumbersome system of condemning property to be used in public improvements. A major result of the amendment will be to establish a permanent condemnation commission, to supplant the special appointive bodies such as caused a delay of 13 years in getting rid of the Lindell bottleneck, and caused the Hall's Ferry awards to be denounced by Mr. Nolte as a "gyp."

Defeat of Amendment No. 11 has the effect of preserving the city's system of paying for major street improvements. Agitation among taxpayers in districts where street improvements were proposed led to the effort embodied in the defeated amendment to have the benefits assessed against surrounding property limited to 15 per cent of the total damage, the remainder to be paid from gasoline taxes (50 per cent) and general city revenue (35 per cent). Thus,

property owners in districts where improvements had been completed on the old basis would be assessed through gasoline and property taxes, for improvements in other parts of the city. This would have worked a clear injustice.

The system of making benefited districts pay for the improvements, which the experience of other cities, as well as of St. Louis, has shown to be the best one, thus is preserved. There have been some injustices and inequalities in the working of this system in the past, it is true, but the object of Amendment No. 10 is to remedy these evils. A victory for the most efficient and just manner of making city improvements has been achieved by the course taken by the voters on these two amendments.

ST. LOUIS, MO.  
POST DISPATCH

MAR 28 1933

THE FOUR PROPOSITIONS.

Of the four propositions upon which voters will be called upon to pass at the April 4 election, two relate to changes in condemnation procedure and two to the allocation of funds needed for completion of the new Negro hospital.

The condemnation propositions are in the form of amendments to the City Charter. The first, Amendment No. 10, makes numerous changes in condemnation methods, all of them suggested by the city's copious experience of the last decade with the propositions authorized by the 1923 bond issue. It is generally agreed, we feel sure, that Amendment No. 10 should be passed.

An omnibus measure, it seeks at once to meet not only most of the objections that have been raised, but to eliminate numerous legal difficulties standing in the way of prompt and just adjudication of condemnation proceedings. One of the great reforms it embodies is the establishment of a permanent commission, instead of the present system of appointing a separate commission for each project. Another is publication of notice of a proposed benefit district both in a daily newspaper and by poster in the district affected. As it is now, notice is given only in the City Journal, with the result that thousands of taxpayers have learned of their inclusion in a benefit district only when special tax bills were received. Other provisions are included, all designed to do justice to the taxpayer or to expedite and improve present cumbersome procedure.

Amendment No. 11 provides for limitation of benefits now assessed against surrounding property in major street improvements to 15 per cent of the total damages. Fifty per cent of the cost would be taken from gasoline taxes and the balance, or 35 per cent from general municipal revenue. This amendment is the outgrowth of city-wide agitation on the part of taxpayers in benefit districts who heretofore have been called to pay almost the entire cost of major street widenings. While admitting freely that there have been injustices in the administration of the system, we are not prepared to advocate so revolutionary

a change as Amendment No. 11 contemplates, for several reasons.

One is that our major street system is on the verge of completion, and to limit benefits to 15 per cent on the few projects that remain would be unfair to property owners in the other districts, who paid almost 100 per cent for improvements. Second, we believe much of the criticism of our condemnation procedure would have been eliminated if the reforms outlined in Amendment No. 10 had been in effect and that those reforms, now available, are sufficient. Third, while one of the many effects of the depression was to make it very difficult for property owners to pay special tax bills, we think that the St. Louis system of making benefited districts pay most of the cost of improvements is the best one. In Milwaukee and elsewhere, where improvements are paid out of general municipal revenue, political favoritism for particular sections of the city has been a very troublesome factor. Therefore, we favor Amendment No. 10 and oppose Amendment No. 11.

The other two propositions on the ballot are highly meritorious. One repeals the bond issue item of \$1,500,000 voted to build a northeast approach to the Municipal Bridge, a project that has been abandoned. The other would transfer that amount of bonds to the new Negro hospital item. Funds on hand now for the latter purpose fall far short, and would permit the accommodation of only 300 patients. With the northeast approach money, the new hospital can be completely constructed for the accommodation of 600 patients. In view of the appalling delay and the wretched condition of the old Negro hospital, we cannot too strongly urge the passage of these two propositions.



Hospitals-1933

# HISTORY OF BODY IS TRACED

Chicago, Illinois

The 11th annual session of the National Hospital association closed Monday evening, marking the most successful meeting in the history of the organization.

"The association, in a very important sense, is an auxiliary to the National Medical association," stated Dr. S. W. Smith, general chairman of the Chicago committee, which so successfully handled all the details of the session in masterly fashion.

## Outlines Purpose

Dr. Smith further stated at the educational session in Olivet Baptist church, South Pkwy. and 31st St., Sunday night, that "One of the foremost objects of the National Hospital association is to educate the public to the importance of hospital privileges in every community throughout the country, and to enlist active support and co-operation for their larger development."

The history of the growth of the hospitals throughout the country was ably told in a stereopticon lecture by Dr. J. Edward Perry of Kansas City, Mo. This was followed by a moving picture lecture on the growth of Meharry Medical college, by Dr. John J. Mullowney, president of the school. In his address, Dr. Mullowney told the romantic story of how the school was founded in 1876 with the small sum of \$15,000, provided through the Freedman's Aid society of the Methodist Episcopal church, by a group of Meharry brothers, one of whom had been "good samartianized" by one of the race. The new Meharry, with its five departments, is housed in a \$2,000,000 institution, with a highly efficient staff.

## Dr. Williams Speaks

The hospital program opened Sunday morning with an able address by Dr. L. K. Williams, pastor of Olivet, who spoke on "Psychology and the Medical Technique." The afternoon session was presided over by Mrs. Evelyn Richey, R. N., and was given over to discussions and addresses by

Miss Christine M. Sculley, Dr. J. M. Franklin, Prairie View, Tex.; Dr. C. P. Turner superintendent, Kansas City general hospital No. 2, Kansas City, Mo., and others.

Monday morning, prepared addresses were made by Dr. Carl G. Roberts, Dr. George W. Prince, Miss E. N. Bland, R. N.; Dr. A. W. Williams, Dr. J. N. Jackson, and others.

The highlight of the hospital association session was the official dinner, held in the Olivet dining rooms. This was an occasion attended by almost 300 guests, and was organized in a most unique manner. Mrs. Richard S. Smith was chairman of the committee, and was assisted by Dr. John W. Burrell, Mrs. S. W. Smith, and a large number of hostesses, some 40 in number. Each hostess had her individual guests, with numbered place cards. Each of the many tables was decorated with the specific taste and plans of the hostess. The tables afforded an array of rare beauty, with candles, flowers, rare silver and queensware. The dinner was in courses, and was prepared under the same menu, by the hostess.

## Other Addresses

Addresses were made during the course of the dinner by Claude A. Barnett, Dr. Numa P. Adams, dean of the college of medicine, Howard University, Washington, D. C., followed by introductions of prominent guests.

Following the dinner, a session was held in the church auditorium, addressed by Dr. H. M. Green, president of the National Hospital association; Dr. J. A. McMillen, Dr. Julian C. Dawson, Dr. J. A. Kenney, Dr. William G. Walsh, Dr. R. G. Leland, economic department of the A. M. A., and others.

Monday night, at Bacon's casino, the association held an informal dance, which was attended by many heads of hospitals, nurses, physicians and out-of-town visitors. It is stated by many that the object of the hospital association has been greatly enlightening to the public, and it is the purpose of Dr. S. W. Smith, untiring first vice president of the association, Chicago, Ill., to continue to keep the public advised.

National Hospital Association.



Hospitals-1933

New York.

NEW YORK  
~~WORLD~~ WORLD  
*Telegram*  
JAN 26 1933  
HARLEM HOSPITAL.

A GROUP of distinguished physicians has accepted an invitation to investigate the charges of racial discrimination, overcrowding and other unfavorable conditions in Harlem Hospital.

The World-Telegram has heretofore expressed the belief that discrimination against Negro doctors, nurses and other personnel undoubtedly exists in this institution, as indicated by the fact that while 80 per cent of the patients are Negroes, 80 per cent of the staff are white.

The National Association for the Advancement of Colored People, with the approval and promised co-operation of Dr. J. G. William Greeff, Hospital Commissioner, is arranging the inquiry. That organization states its case as follows:—

"The association is interested in the present situation because the higher mortality and incidence of disease among Negroes, and the difficulties encountered by competent colored physicians, surgeons and nurses in obtaining opportunity in Class A, municipal, non-segregated hospitals, have most direct bearing upon the health problem of the Negro."

Impartiality in the inquiry seems assured by the high integrity and competence of the investigating committee, whose members include Dr. Dean Lewis, president of the American Medical Assn.; Dr. Samuel A. Brown, dean of New York University Medical School and Dr. William Darrach, dean emeritus of Columbia University Medical School.

The situation at Harlem Hospital, allegedly very bad from the strict standpoint of medical care for a highly concentrated Negro population, demands prompt sifting also for the wholesome effect it should have upon the whole attitude of the municipality and of the

medical profession toward medical practitioners of the Negro race

N. Y. EVENING POST **DR. WALTER L. NILES HEADS**  
**HARLEM HOSPITAL COMMITTEE**

JAN 31 1933  
HOSPITAL SURVEY BEGUN

The committee asked by the National Association for the Advancement of Colored People to survey the Harlem Hospital has begun its work, it was announced today after the first meeting at the association's headquarters at 69 Fifth Avenue.

The committee made a preliminary study of the charges of politics, favoritism, segregation, discrimination and incompetence which have been put before it.

*Telegram*  
FEB 9 1933  
FILE NEW COMPLAINT  
OF HARLEM HOSPITAL

Delegation of Residents Tells Dr. Greeff of Racial Discrimination and Inefficiency of Staff.

A Harlem delegation, including two white women, today protested to Hospital Commissioner J. G. William Greeff against conditions at Harlem Hospital and urged that control of the hospital be placed in the hands of a committee selected by Harlem residents. Racial discrimination and inefficiency was charged to the staff of the hospital.

Dr. Greeff explained that an investigation of charges involving the hospital was under way and until he had received the report he would suspend judgment.

NEW YORK, Feb. 16—Dr. Walter Lindsay Niles of this city was elected Monday by the committee which is investigating Harlem Hospital as its chairman. Dr. Niles has been professor of clinical medicine at Cornell University Medical College since 1916, was dean of the college for nine years. He is an attending physician at Bellevue Hospital and consulting physician of Memorial, Southampton and Jamaica Hospitals. He is a member of the Association of American Physicians, American Climatological and Clinical Association, Harvey Society and New York Academy of Medicine.



# Hospitals-1933

North Carolina

Charlotte, N. C. Observer  
Saturday, January 28, 1933

## The Good Samaritan Hospital.

To the Editor of The Observer:

One of, if not the worthiest, institutions in our city is the above named hospital. It is at least the name implies.

It ministers to our needs at the time we need it most, hence when it sends out the Macedonian Cry, every negro in Charlotte should respond to the extent of his ability.

It was built by the Christian white people, and until within recent years was supported entirely by them.

Some years ago the city Sunday School Association espoused the cause of this worthy institution and did much toward building the annex and placing the elevator. Since then our ardor seemed to have cooled, due in a large measure to the season of unemployment and low wages that have befallen our group.

We are informed by those in charge that the hospital has suffered in proportion to our failure to contribute for the last two years.

Now, at a time when more demands for charity service are being made than ever before, the hospital appeals to us to come to its rescue and the Sunday School Association is striving to answer the call, and has called upon every one of its thirty-five members to contribute at least five dollars upon the occasion of its January meeting, Sunday 29th, at the Brooklyn Presbyterian Church at 4 p. m.

The fact that every patient who entered the Good Samaritan Hospital during the month of November, and it was full to capacity, was a charity patient should make it all the more apparent that we should respond liberally to the cause. We, as a group cannot fail now, when so much has been done for us. A fine opportunity we have to prove ourselves worthy of what has been so freely and nobly done for us.

We are appealing to the school children through their principals to send donations to this meeting too, and to all to whom such a worthy cause may make appeal we invite you to help us in this effort.

Selfishness, more than anything else, is responsible for the added demands upon the hospital so we are appealing to all to show the Christ spirit by responding most liberally.

Miss Emma Hall, the worthy successor to the Sainted Mrs. Jane Wilkes, in the directing of the hospital will be the principal speaker. Mr. George Ivey, president of the United Relief Drive, will also be present. Music by the Brooklyn Presbyterian Sunday School Choir. Oscar Jackson, president of the association will preside.

J. HENRY WARREN,

Charlotte, Jan. 27. Chairman of the Drive.

Henderson, N. C. Dispatch  
Thursday, March 30, 1933

## Duke Endowment Donates Hospitals Here \$11,064

Jubilee for Colored Gets Most, \$5,156; County Hospital, \$4,582 and Maria Parham Gets \$1,326; Distribution Amounts to \$843,397 in Carolinas

Three hospitals in this city have been awarded a total of \$11,064 for this year by the Duke Endowment, according to announcement from headquarters of the corporation in Charlotte. The total allotments for charitable and hospital institutions in North and South Carolina for this year is \$843,397.67.

Jubilee hospital for Negroes got more than any other institution here the award in that case being \$5,156. The Vance County Hospital received \$4,582 and Maria Parham hospital gets \$1,326.

Duke hospital at Durham gets \$53,335 from the awards, while Watts hospital, also in Durham, receives \$18,120. Brantwood hospital in Oxford is awarded \$1,302. Rex hospital in Raleigh gets \$14,125. Ninety-eight hospitals in the two states receive \$696,048, and other institutions, mostly orphanages, get \$147,349.67. These hospitals reported 696,048 free days of care of patients in 1932, which was 61 percent of the 1,38,982 days of care of all patients treated. The orphan homes reported 1,945,236 days of care of orphans and half-orphans, which was 88.3 percent of the total days of care.

The trustees reported that this year's allotments brought to \$6,966,721.73 the total amount provided for hospitals and orphan homes in Carolinas since the endowment was established by the late James B. Duke, tobacco magnate on December 11, 1924. Hospitals received \$6,008,365.95 of the total disbursed.

Among the orphanages the Baptist home at Thomasville gets the largest of any \$15,924.03. The Oxford Orphanage gets \$10,371.17; Methodist Orphanage, Raleigh, \$9,079.50; Methodist Protestant Children's Home at High Point, \$2,651.67; Phythian home at Clayton, \$1,231.91; Odd Fellows Orphan Home at Goldsboro, \$1,569.52; Presbyterian Orphanage at Barium Springs, \$8,130.75; Christian Orphan-

age, Elon College, \$2,393.52; Thompson (Episcopal) Orphanage at Charlotte, \$8,793.77; Colored Orphanage of North Carolina at Oxford, \$5,806.54.

### Greensboro's Hospital

WORD has come from Dr. S. P. Sebastian, medical director of the L. Richardson Memorial Hospital, Greensboro, N. C., that the institution has received full approval by the American College of Surgeons.

This Greensboro hospital is a successful venture in the highest type of race relations. It was made possible by a gift from a wealthy Greensboro citizen and is conducted by a bi-racial staff, white and colored physicians meeting and working on equal professional terms for the welfare of their patients and the promotion of scientific medicine.

The medical director is a distinguished physician and surgeon of our race, who received his initial training at Leonard Medical College, Shaw University, Raleigh.

Other important staff positions are held by white and colored physicians and surgeons, who collaborate in their work. The board of management is bi-racial.

There is in Greensboro no discounting of the ability and attainment of the Negro physician in the field of modern medicine. The L. Richardson Memorial Hospital project has served to remove most of the little irritations that arise from a spirit of distrust that operates in many situations to prevent any constructive relationships in medicine and in public welfare between white and colored. We

congratulate Greensboro. We hail Dr. Sebastian and his associates, white and colored.



# Richardson Memorial Hospital Approved By American Medical Association And American College Of Surgeons

## Interracial Venture Proves Highly Successful

Special to Journal and Guide  
GREENSBORO, N. C.—Several years ago Dr. S. P. Sebastian, Dr. C. C. Stewart, and Dr. J. W. V. Cordice, realizing the need of a hospital for the inadequate facilities in Greensboro, bought a piece of property on East Market Street for \$41,000 and equipped it at a cost of around \$6,000 where they took care of a limited number of members of their own race. This was a very burdensome thing and the task was almost insurmountable, but this small beginning sold the hospital idea to Greensboro (as private hospitals eventually will) and with the new and wider project, the people became interested and cooperated willingly.

Dr. Sebastian was the first to conceive this interest among the people and a circular letter was sent out to a group of interested colored people of Greensboro calling them together at Mt. Sinai Hut on January 12th, 1923 for the purpose of conferring and getting a better understanding as to the needs of a hospital for the treatment of Negro patients in Greensboro. Professor Chas. H. Moore was selected chairman of this organization. Quite a few attended the meeting and a few weeks later another meeting was called which was followed by a series of gatherings.

The people became very enthusiastic and soon plans were being made and things being done to foster this movement. The city was divided into groups or wards with a leader for each group. These leaders made house to house canvasses and the people subscribed willingly.

### White Friends Helped

As things moved on and began to take shape, we began to call on our white friends, who have been friendly disposed from the very beginning, to aid us. Among those called on was Dr. C. W. Banner. Though he is a busy physician, from the very beginning, Dr. Banner has rendered invaluable service. He came down to the

Hut and addressed those gathered there and inspired them to move on, and he has been our active chairman ever since. The movement was incorporated as the Greensboro Negro Hospital Association, Inc.

A board of directors was selected January 15th, 1924, consisting of six white, and six Negro men. By this time many were interested and help was being solicited from everyone. The Benbow-Matheson-Wills Real Estate Company donated a splendid site of 4 1-2 acres on East Washington Street, comprising the entire block. This site at the crest of a hill in the eastern section of the city, is quite an enviable location. Mrs. Emanuel Sternberger (deceased) donated \$10,000 to aid in equipping the operating and x-ray rooms as a memorial to her husband. Mrs. L. Richardson and family gave \$50,000 to aid in the erection of the proposed hospital in memory of her husband, Dr. Lunsford Richardson.

### Dr. Richardson Benefactor

Dr. Richardson was the founder of the Vick Chemical Company and during his lifetime showed a keen interest in the well-being of colored people. He spent his life in service to them, helping those who were down and in need. When the time came to give the hospital a name it was unanimously decided to call it the L. Richardson Memorial Hospital, in memory and honor of the man who did so much for the colored race, and whose family gave this donation in honor of him.

And too, it was the hope of those who had given birth to this institution that it would prove a blessing to the colored people of Greensboro just as Dr. Richardson's life had been a blessing to them. For even though a busy man he found time to come into the Negro section every Sunday morning and teach little Negro children the Sunday School lesson.

The naming of the hospital was but a fitting memorial to such an outstanding character.

Other large donations were voluntarily made by interested citizens from time to time and the building fund kept swelling. During the summer of 1926 the foundation was dug and the building started. The hospital was opened

on May 18th, 1927, and the dedicatory exercises were observed on May 27th, 1927. The nurses home was subsequently built in 1929 and the donation for this home was furnished by the Rosenwald and Duke Funds, each contributing equal parts.

### Sixteen Directors

After the hospital was built and in operation it was thought advisable to have sixteen directors instead of twelve; and they were selected in this manner: Four (two white and two colored) by the city; four by the county; four by the Richardson family, and four by the board of directors. Each of the directors is elected for a term of four years.

When the doors of the hospital were opened it was turned over to the medical superintendent, Dr. Sebastian, without one penny for operating expenses and an indebtedness of \$22,500 (incurred by virtue of the fact that many who pledged failed to make good), but by careful buying, curtailing of expenses and economical running of the hospital, this indebtedness has been reduced to \$4,600, in spite of the depression. This is a commendable feature inasmuch as this is a charitable institution and receives its funds from patients. The Duke Foundation pays one dollar per day for charity beds. No one has ever been refused admission.

### Completely Modern

The hospital is modern in every respect. It has a capacity of sixty beds, five graduate nurses, twenty pupil nurses, and an interne. The structure has three stories and is of buff color. During this time our school of nursing has been recognized as an A-grade school by the State of North Carolina, and the hospital is fully approved by the American Medical Association and the American College of Surgeons—two of the highest rating bodies in the country. There have been nurses graduated from this school and can be found in many cities and hamlets.

Dr. S. P. Sebastian is medical superintendent, Mrs. Ruby A. F. (Woodbury) Scarlette, superintendent of nurses; Miss Grace I. Ruffin, clerk; Miss M. R. Searcey, operating room supervisor; Miss M. J. Moye, day supervisor; Mrs. M. E. Smith, night supervisor, and

Dr. J. B. McLaughlin, interne.

The present staff consists of white and colored physicians of the city who are in good and regular standing with the state and county medical associations. Staff meetings are held once a month—the second Tuesday evening in each month—where the medical work of the hospital and other medical subjects are reviewed and discussed. All physicians of the city have taken a lively interest in the institution and it is one of the greatest factors of interracial cooperation in the South.

### Board of Directors

The board of directors are: Dr. C. W. Banner, chairman; Messrs. R. G. Vaughn, L. Richardson, H. Smith Richardson, Mrs. C. I. Carlson, Julian Price, Charles A. Hines, Fred C. Odell, Dr. S. P. Sebastian, secretary; Dr. F. D. Bluford, Prof. Chas. H. Moore, Rev. R. T. Weatherby, Rev. J. T. Hairston, Dr. C. C. Stewart, Weston Law, and Geo H. Bridges.

The ladies auxiliary is doing a wonderful work and the results in every department of the hospital are splendid.



# COLUMBIA, S. C. STATE

NOV 3 1933

## Splendid Consummation of a Noble Conception.

Seldom does one live to see the practical consummation of a noble ideal. And but one of that band of the Kings Daughters who, "in His name," forty-one years ago conceived and began to put into execution the plan for the building of a hospital where suffering humanity in this region might be adequately served, is with us to witness the splendid crowning of their faith and labors. Mrs. D. R. Flenniken is the survivor of that "noble band of women."

How modest were the immediate aims of those workers when they inaugurated this movement one year after the founding of The State! Yet modest as it was, it then seemed to be and it was a big undertaking. Can Columbians of today imagine their city, the capital of the state when nearly a century old, without the semblance of a hospital? But so it was when there were twelve or thirteen thousands people living within two square miles of territory which then embraced the municipality. Poverty, even though it were then what may be termed "a contented poverty," was the rule. However fine the purpose, if the attainment of that purpose required even a very few thousands, there was little hope in the public mind of its accomplishment.

But the women, who had experienced the effects of destructive invasion in war, followed by a "lost cause," had the faith of Christianity and the courage of the courageous.

The history of the founding and development of the Columbia hospital was outlined by Doctor McIntosh at the dedication of the new structure this week. The thousands who inspected these buildings, with their perfect planning and equipment, will concede that the new hospital is a fitting monument to those brave spirits who laid its foundation so long ago.

In its present development this hospital becomes in truth "a Columbia institution." The community is justified in taking genuine pride in it. And in late years, too, this city and this county have played a worthy part in the Columbia hospital. The taxpayers have contributed to the crowning success.

There is another fact in which Columbia, capital of South Carolina, can find satisfaction. Here is a hospital where in separate buildings but under one management, Negro patients are furnished the most modern accommodations and service.

The historian of the hospital tactfully and, we think, properly, skipped a few years in the record. And we only refer to that time in order to emphasize the wonderful difference between first rate and scrupulous management and the other kind. Under the management of the present superintendent, H. H. McGill, surpluses succeeded a period of several years of deficits before he took charge, and those surpluses having from year to year been saved and fostered, enabled the Columbia hospital management to claim the attention and then the sympathetic co operation of the guardians of the Duke Foundation hospital fund. They contributed seventy-five thousand dollars to make it possible for the management of the Columbia hospital, during the "depression," to realize a dream. Without the sympathy and understanding of Dr. W. S. Rankin of Charlotte, director of the hospital division of the Duke Foundation, a great achievement, now accomplished, would have been delayed for indefinite years.

Imposing as it is upon exterior view, is on the interior ~~also~~ the new hospital is most impressive, and justice demands the naming of the architect, James B. Urquhart of Columbia. But he is more than an architect. He is Scotch. And Superintendent McGill is more than a fine hospital superintendent. He also is Scotch. We have known 'em both for years, and they have a common peculiarity; common to themselves but most uncommon in this age and time. They squeeze the



COLUMBIA, S. C.  
STATE

MAR 13 1933

A Community Hospital.

Berkeley folks, white and black, are all proud of their new county hospital. Northern owners of Berkeley estates contributed generously toward its establishment, but "natives" did their part, and toward its maintenance "natives" of both races are giving freely of what they have, in the spirit of common ownership and responsibility. A pleasing sidelight is thrown upon this condition by paragraphs in the county seat newspaper, the Berkeley County Democrat, acknowledging liberal donations "in kind" by Negro citizens, their spontaneous free-will gifts including poultry, eggs, hominy, bacon and vegetables.

Mulliken, S. C. Democrat

June 15, 1933

## 'Vision' Hospital

## Succors Negroes

Georgetown, June 10—Florence Williams, practical negro nurse, acting on what was revealed to her seven years ago in a vision established at Georgetown a hospital for the sick of her race and beginning with accommodations for a single patient today can handle as many as fifteen, maintaining a record of never having had a death from an operation or child birth.

Built sixty-five years ago near the outskirts of the town is the simple two-story, wooden shack where practically single handed this nurse yearly cares for approximately fifty patients living in the nearby countryside. Although the building is not one of the old houses of the city it has that charm that makes it stand out among the dwellings that are more than a century old. Not far away stands "the house of three chimneys" one of the most picturesque types of old dwellings of which so little is known.

In this section overlooking Winyah bay some of the best families lived during colonial times, but today with the ante-pellum atmosphere gone, these shacks built of excellent wood by the "hands of those to whom honest workmanship was a fetish" are slowly per-

ishing. It was from the porches of these seventeen miles off at Waccamaw. These houses that many of Georgetown's people enjoyed the Sunday parade of ne-groes that "passed the houses; girls dressed in gaudy colors, men garbed in shining black, carrying impressive walk-ing canes and keeping their eyes glued on the damsels who strolled by their sides." And today the negro parade Sunday still takes place and those who watch can see these folk dressed in brilliant colors hurrying along to pray-er meetings.

In 1926 this industrious nurse perceived the idea of such an institution and three months later, with the aid of some of Georgetown's leading citizens who saw the need for a place of its kind, the hospital was opened.

The operating room is unique. Around the top of the white-washed walls in black lettering of different sizes are the names of those who made donations for the furnishing which go to make it as near modern as possible. It is in this room that numbers of negroes of the coastal region have undergone opera-

tions that have saved many a life. Having no communications with the outside world other than fleet footed runners who, however, never refuse to go for aid, doctors are called at any time and gladly give their assistance. In attendance today at the hospital are Dr. F. A. Bell and Dr. P. E. Assey. It was these two and a third, Dr. W. D. Beckham, who showed their interest in such an institution by making the first donations.

Of the operations performed, the majority are major. Since the hospital has been in existence only ten deaths have occurred in it and not a single one from an operation. This is probably the third hospital that Georgetown has had. In 1860 during the Confederate war the town, according to what some of the local people think, had its first hospital. The building now the home of Georgetown masons is thought to have been used by the Confederate troops as a hospital. Before this time the dwelling was a British Colonial banking house. Not many years ago the Kaminski infirmary had its beginning; but this was soon converted into part of the high school building. It was here that Florence Williams got her practical training.

The nearest hospital in the county is

living Negroes, there should be for them a hospital building of first quality and excellent equipment.

This development was undertaken in the midst of the "depression." Some thought it was no time to engage in such a progressive enterprise. But there was no financial hazard about it. Due to fine management over a period of years a very substantial sum had been accumulated for a "building fund" out of the "support" received from Richland county. This building fund was very generously augmented by the Duke Foundation. Without the Foundation's support the new hospital could not have been built.

We are not in possession of the details, but from knowledge of the men who were in charge of this construction and from general observation, our belief is that the expenditure not only of the dollars but the dimes has been watched as the expenditure of all public and trust funds should be watched, and that both the taxpayers of Richland county and the gentlemen responsible for the distribution of the Duke Foundation funds have reason for gratification at the high values received for their expenditures.

It is quite appropriate that in Columbia where there are an exceptionally large number of self-respecting, morally and physically decent living Negroes, there should be for them a hospital building of first quality and excellent equipment.

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COLUMBIA, S. C.  
STATE

AUG 5 1933

## The New Columbia Hospital.

The new Columbia hospital buildings—for whites and Negroes—are creditable to Columbia and to South Carolina. They are "modern" in construction and in equipment.

The old buildings on this site looked substantial and safe enough, but when they were being torn down it was quite clearly revealed that here had existed a serious fire hazard. When all that inflammable stuff, with laths like tinder, was exposed, it caused one to shudder. More than ever were we thankful of the determination to build anew; larger, better, safer structures.

It is quite appropriate that in Columbia where there are an exceptionally large number of self-respecting, morally and physically decent-



JOURNAL

*Spartanburg*

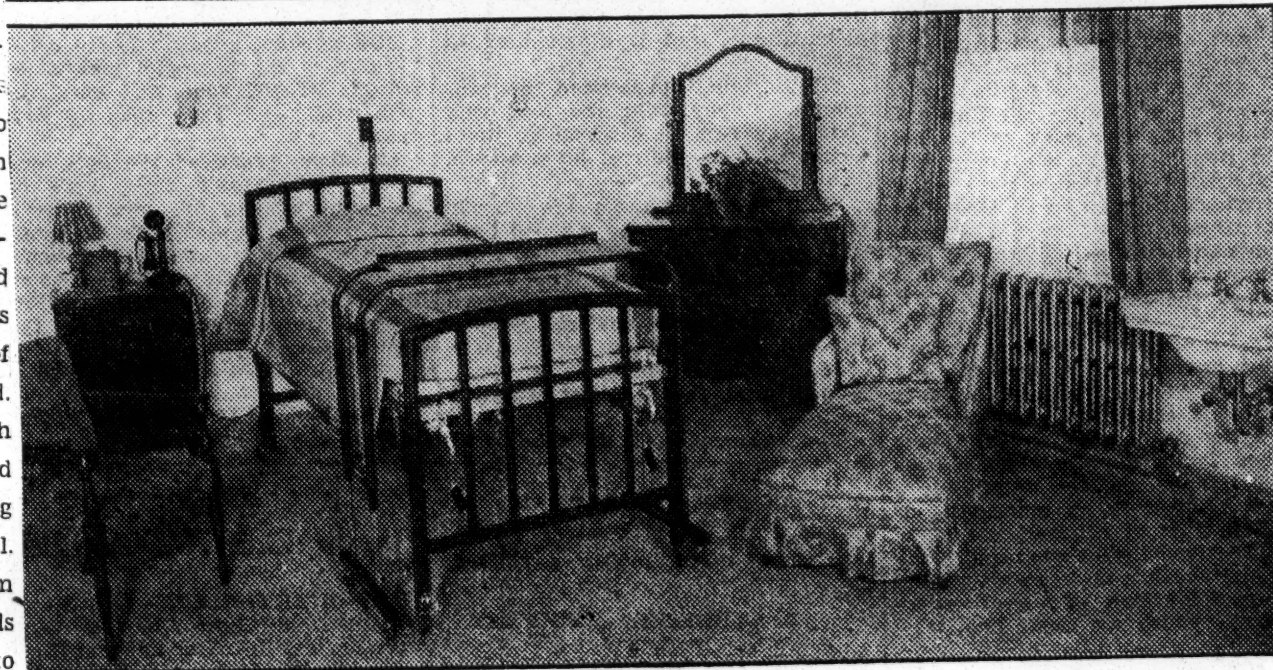
SEP 5 1933

S.C.

Acts Wisely

Columbia, S. C. Record  
October 31, 1933

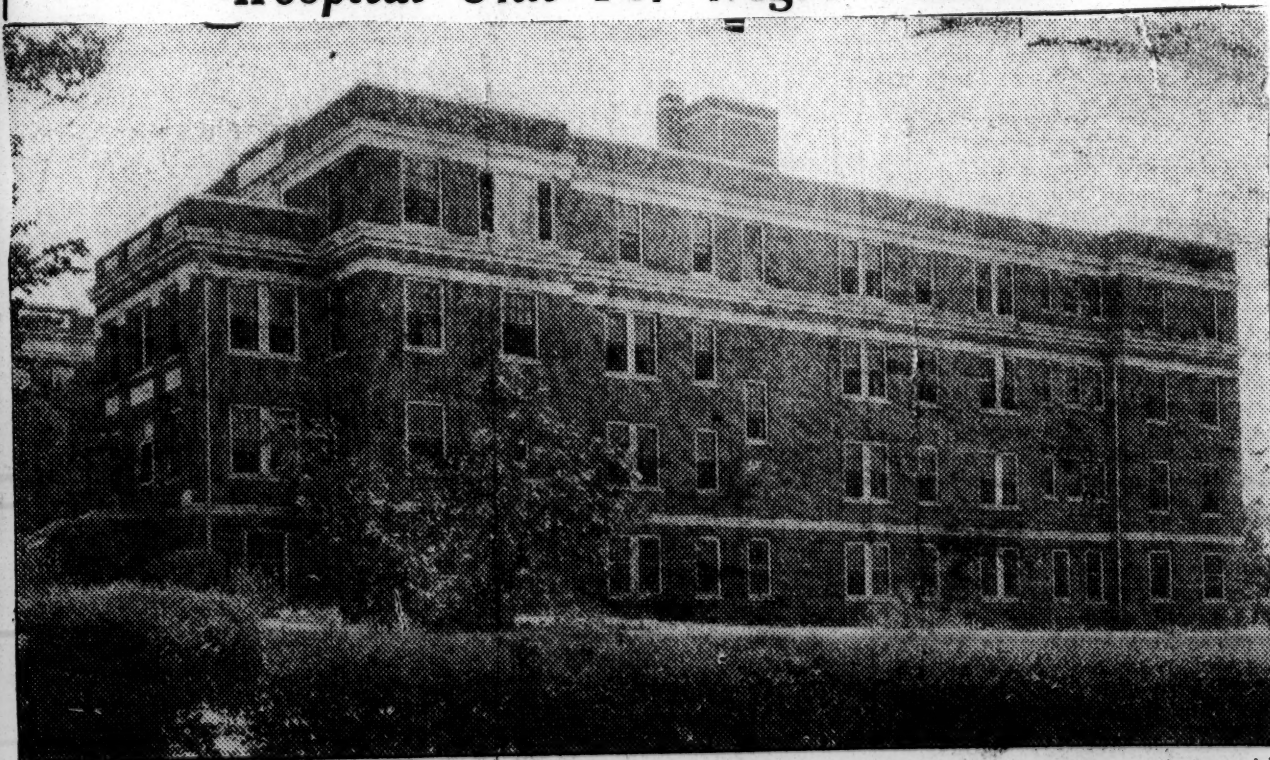
## One of the Rooms in New Hospital



(Photo by Sargeant.)

Nothing to make a patient comfortable has been overlooked in the new Columbia hospital, as is shown by this picture of one of the bedrooms. Note the telephone.

## Hospital Unit For Negro Patients



(Photo by Sargeant.)

Above you see a side-view of the negro unit of the handsome new Columbia hospital which is to be dedicated with impressive ceremonies tomorrow. The building, like the unit for whites, is modern in every respect and has all the facilities for the comfort of the patients. For the past several months this building has been used for white patients pending the completion of the large adjoining unit for whites.



Hospitals-1933

Tennessee

Knoxville, Tenn., Journal  
Friday, February 24, 1933

## PARLEY CALLED ON NEGRO UNIT

Contract Awarding Deferred  
Pending Conference.

Before a contract to equip the new Negro unit of General hospital is awarded, a conference of Negro doctors, representatives of the Rosenwald fund, and city officials will be called. City Manager Neil Bass said yesterday.

Bids were accepted on the equipment February 15, but Architect Clem Meyer has not finished tabulating them.

Bass said he was holding up on the contract because some objections have been raised to operating the unit. He is to hold the conference within the next few days to discuss the project further. The city has already appropriated money for operating the hospital nine months of this year, and there is \$20,000 available for purchase of equipment, \$15,000 from the Rosenwald fund and \$5,000 raised by Negro doctors.

Dr. R. G. Reaves, a member of the committee from the County Medical society that recommended that the unit be used to house the health bureau, in a letter to the council declared that it would cost \$12,000 a year more to operate the hospital as required by the Rosenwald fund than it should cost to operate a hospital unit. That, he said, is due to the requirement that the unit have a separate operating room, nursing staff, and doctors. Reaves advocated refunding the \$50,000 contributed by the Rosenwald fund, \$25,000 to the county, and \$10,000 to the East Tennessee Hospital association, and using the building for the health bureau. Equipment already owned by the city could be used, he said.

Knoxville, Tenn., News-Sentinel  
June 11, 1933  
**SAYS ILLEGAL TO REMOVE  
NEGRO PATIENTS**

By A. J. Cruickshanks  
1504 Vermont Avenue

It appears from the daily papers that Dr. Francisco, our new Superintendent at Lyon's View Hospital, proposes to reduce expenses there by sending the colored patients to Nashville and to Bolivar. I do not believe that Dr. Francisco has thought of what this will mean to the colored people of

East Tennessee who have relatives confined at Lyon's View. City Manager Bass said today I do not believe that he realizes that a conference with representatives of the Rosenwald Fund, View cannot be abolished at the word of any one man, since there is an Act of the Legislature creating this unit, which would first have to be repealed. This was tried some years ago, and the efforts of colored people, assisted by leading white people promptly stopped the movement.

It can be said to the credit of Hon. Malcolm R. Patterson who was governor when it was proposed to move our East Tennessee colored insane patients to Nashville, that he very promptly stopped such a movement. Surely, Governor McAlister, who received the support of such a large number of negroes in East Tennessee, does not favor such a movement as that proposed by Dr. Francisco.

The negro unit at Lyon's View is the outgrowth of an effort of Henderson Jones, an old negro resident of Knoxville who many years ago induced leading citizens, including Hon. Sam Heiskell, to have provision made at Lyon's View for negro patients. A bill was passed by the Legislature and the unit was built for colored patients, though from a few white patients placed there some years ago, gradually, more and more white patients have been placed in this building. Now it seems the old story of the elephant who, after asking that his head be permitted to enter the stable, finally eased his whole body in and thus forced out the lawful occupants.

We do not believe that Dr. Francisco should try to economize at Lyon's View at the expense of the negroes of East Tennessee.

Knoxville, Tenn., News-Sentinel  
April 21, 1933  
**DELAY ON NEGRO UNIT**

City Awaits Conference Before  
Awarding Hospital Contract

The problem of what to do with the Negro Unit of General Hospital is facing city officials again.

The city appropriated something like \$9000 for operation of this unit the last three quarters of the year.

And altho bids on equipment were accepted a month ago and gone over by Clem Meyer, architect, the contract has never been

awarded. City Manager Bass said today I do not believe that he realizes that a conference with representatives of the Rosenwald Fund, View cannot be abolished at the word of any one man, since there is an Act of the Legislature creating this unit, which would first have to be repealed. This was tried some years ago, and the efforts of colored people, assisted by leading white people promptly stopped the movement.

## Veteran Negro Doctor Tells Struggle of Race for Own Hospital Unit Here

Dr. W. W. Derrick Begun  
His Practice in Knoxville  
40 Years Ago.

The struggle of the negro race for its own hospital—which culminated in the unit to be opened at General Hospital the last of the month—was told today by Dr. W. Wallace Derrick, who began his practice here 40 years ago.

Dr. Derrick for years was the only negro physician here. "When 4,000,000 slaves were set free the race had six educated physicians in the United States and none south of Philadelphia Penn." Now there are 8500," he said.

When Dr. Derrick came here in 1892 to enter the practice of medicine "I found one physician of the black group, Dr. A. A. Fielding, who had been practicing here for 12 years but had become discouraged with the field and was packed up to leave for Cleveland, Tenn.," he said.

Served Both Races

The city hospital then was located at State Street and Cumberland Avenue, where the Robert N. Strong Mission Home is now housed. It served both races.

"In 1894 a little group of old-fashioned colored women, becoming dissatisfied with their opportunity of getting their people into the crowded little wards of the city hospital, attempted to raise money to build one. They were not educated and had never heard a public health talk. Therefore they too soon became discouraged and gave the money raised to the church."

Dr. Derrick, then the only negro doctor here, built three cottages home hospitals here in 1896 and went on caring for them as if nothing unusual had happened.

Nurses training classes were held in them and a three-year instruction course given.

A medical department was opened at Knoxville College in 1896 and a free clinic conducted

in connection. Later these facilities were broadened by the addition of the Eliza B. Wallace Hospital which closed in 1924.

Hopes Were Dashed

City Commission was petitioned for a hospital when John E. McMillan was mayor but the request was refused. At one time a bill calling for a \$200,000 negro hospital passed the lower house at Nashville but was killed in the Senate.

"The colored people cheerfully joined in to help raise money when the Knoxville General Hospital was built," said Dr. Derrick. "Being the only negro physician I was called upon by Mrs. McCrary, wife of Dr. McCrary, to meet a committee of white ladies in North Knoxville, in which meeting I was asked to solicit money from members of my race. In this attempt I was able to raise \$700. Mr. Cal Johnson, a prominent member of our group, heading the list with \$100. We received in return some free charity wards in the building."

He praised the work of the East Tennessee Hospital Association in promoting and raising funds for the new unit.

Knoxville, Tenn., Journal  
September 5, 1933

## No Ceremony Is Scheduled Today For Opening on New Hospital Unit

Ethel Bingham, Negro, Norfolk, Va., has been hired as head supervisor of the new unit, Dr. Elder disclosed. She will have seven Negro graduate nurses under her direction. White internes and staff doctors will be in charge.

Haynes said opening of the Negro unit is only one of several changes to be made at the hospital within the next week or 10 days.

First, he said, the receiving or emergency ward will be moved from its present location to the left of the ambulance entrance back to the old location to the right of the entrance within "the next day or two."

Old ward No. 2, occupied until today by Negroes, will be cleared out and converted into a central

## HOSPITAL EPOCH

Negro Patients to Move to  
\$125,000 Unit Tuesday.

Tuesday has been chosen by Welfare Director Tom Haynes and Superintendent Eugene B. Elder, of Knoxville General hospital to mark an "epoch in Knoxville hospitalization."

Negro patients at General hospital will be moved into the new \$125,000 Negro unit on that day, Director Haynes and Dr. S. M. Clark, Negro, president of the East Tennessee Hospital association, announced yesterday.

Formal opening of the new unit, with a special program and "open house day," will be held September 17, according to Dr. Clark. The program, which he said is being arranged to embrace addresses from several prominent citizens, will be held near the entrance of the new unit at 2 p. m.

Approximately 35 Negro patients will be moved to their new quarters, Director Haynes said. The new building, which faces Wray avenue, contains 80 beds.



store room, eliminating several small storage "cubby holes" in various parts of the hospital plant. The out patient department (clinic) will be moved from the basement of Nurses' home, Dameron avenue, to space now housing the receiving ward.

Several small rooms on the first floor, formerly for Negro private cases, will be remodeled into hospital cells to care for patients held for city and county officers.

Negro physicians have announced a formal opening of the Negro unit for Sunday afternoon, September 17. According to Dr. S. M. Clark, president of the East Tennessee Hospital association, Negro, opportunity will be given visitors to inspect the entire plant after the ceremonies.

Nashville Tennessean

September 8, 1932.

### Negroes Get Hospital

Knoxville, Tenn., Sept. 8—(Special)—Negroes now have a modern hospital here, largely through efforts of the East Tennessee Hospital Association. City Council put up \$75,000, the Rosenwald Fund gave \$75,000, the County, \$30,000, and the association of which Dr. S. M. Clarke is president raised \$12,000.

Knoxville, Tenn. Journal

September 18, 1932

## HOSPITAL UNIT OPENED HERE

Negro Division of Knoxville  
General Dedicated.

### PLAN HELD UNIQUE

City Officials, Doctors Take  
Part in Ceremony.

Knoxville has a unique Negro education and recreation. The new hospital in the United States according to presidents of two national Negro medical groups—Dr. H. M. Green, Knoxville, head of the National Hospital association, and Dr. M. O. Bousfield, Chicago president of the National Medical association.

The two Negro physicians were among several persons who delivered addresses at the dedicatory service for the new Negro unit of Knoxville General hospital yesterday afternoon in front of the unit on Wray street.

Fully 1,000 people, many of them white, were in the crowd which attended the service and later inspected the new hospital plant. It required about two hours to move them through the rooms and corridors, orderlies said last night.

### CITY HEADS

"Knoxville has taken the lead

in a new plan for Negro hospitalization," Dr. Green declared. "That plan is referred to over the country (and I speak as a national official not out of simple pride) as the Knoxville Plan."

"Of course several Northern cities have separate municipal hospitals for Negroes, but none like this. The Knoxville plan is the only one which considers the Negro who wants to help himself."

All other such hospitals are charity institutions, pure and simple, the speaker explained. The Negro physician has no recourse, when his patient needs hospitalization, except to turn to the charity ward bed. Here the private doctor may bring his patient to the hospital and treat him there, with the assistance of white staff doctors and internes, for a nominal fee.

### DEDICATE HOSPITAL

MEMPHIS, Tenn., Dec. 21—(By ANP)—The Abe Goodman building for Negro patients at Oakville Sanatorium was dedicated Monday. It was erected at a cost of \$37,000, with funds furnished by the Reconstruction Finance Corporation, and will house 75 patients.

### MEMPHIS, TENN. COMMERCIAL APPEAL

DEC 5 1933

A building for negro tubercular patients will be dedicated at Oakville Sunday afternoon at 3 o'clock. The building was erected at a cost of \$40,000 by the county and city. It will accommodate 100 adult patients. The building at present occupied by negroes will be used for the accommodation of 50 negro children. Memphis and Shelby County have done well by their negro citizens. Facilities are not always adequate nor all that could be desired, but at least the authorities have them in mind in making provision for their care.

The new building is a testimonial to the interest of Mayor Overton and Commissioner Hale in the protection and care of our humbler citizens.



Hospitals-1933

# LYNCHBURG, VA. NEWS

MAY 21 1933

People's Forum

## HOSPITAL RATES

To The Editor of The News:

Sir: Practically every city of any size or consequence has a municipally owned hospital, where both white and Negro patients of moderate means are accepted as pay patients, as well as charity cases. Also charity cases from adjoining counties are accepted upon recommendation of physicians, at a special rate covering all actual expenses, which is paid by the county board of supervisors. And there is no complaint from the taxpayers, except on one occasion, when one of our prosperous citizens last year complained, the rates were lower than the other two hospitals located in the city, both of which have several hundred thousand dollars endowment. A patient with moderate or small means would be unable to pay the rates at the two privately owned hospitals, after a few weeks. In fact, he would probably lose his life savings to pay for hospitalization.

The depression has caused much suffering on account of wage earners being out of employment. A considerable number of them unable to provide for their families, and are depending upon charitable organizations for assistance, food, clothing, rent etc. There is no general medical practitioner any more; they are all organized and have their associations, and are specialists. Sometimes it is necessary to consult several before a patient gets his or her prescription. The high cost of hospitalization is going up and the wage scale is taking a sharp downward trend.

I sincerely hope that Councilman Pettyjohn's resolution in regard to raising rates at Lynchburg Hospital will be defeated, and that there will be no "price fixing," and that if any member of the committee appointed to investigate the rates, are members of the boards or have connections officially or otherwise with the two hospitals, that the committee's report be not accepted. The moral is Feed the poor, clothe the naked, visit the sick, and bury the dead.

TAXPAYER NO. 1.

## RICH'D HOSPITAL KEPT CLOSED IN NEED OF \$7,000

Building Completed 5  
Months Ago; Quite  
Modern

9-9-33

Richmond Bureau  
504 N. Third St.

RICHMOND — The Richmond Community Hospital, completed and turned over by the contractors last March, is struggling hard to free itself from the turbulent waves of a financial depression which has delayed its opening for the past several months, because of the inability to secure the funds necessary to purchase the equipment it needs.

Only \$7,000 is needed with which to secure the furnishings required to open the hospital and some cash for this purpose is already on hand. Had it been possible for the hospital corporation to have disposed of its Baker Street property, the institution would have long since been opened to the public, but due to the dullness of the real estate market it has been impossible to dispose of this property.

### Hospital Modern

While not the largest institution of its kind in the state, the building and what equipment has been placed are of the most modern type and up-to-date in every particular.

A quiet Otis elevator, to convey passengers and patients to either of the three floors, built for safety, and does not require the service of an operator.

The most modern lighting equipment has been installed in the two operating rooms—one for general operations and the other for maternity cases. Another innovation found in these operating rooms is the "knee operated" sinks, which allow the use of water by nurses and surgeons without the use of the hands. The lights are so arranged that no shadow is cast by the operating surgeon in bending over the body of a patient while operating.

### Hard On Germs

All doors in the building are solid panel and flush, there being no grooves, cracks or crevices in which

germs can lodge. The floors are of concrete, overlaid with rubber tile, and all the trimmings on the doors and other fixtures are finished in non-corrosive nickel plating that is guaranteed not to tarnish.

Every room in the hospital is equipped with an ample closet in which patients can store their effects until they are ready to leave the hospital, and instead of the bell system for attracting the attention of nurses a silent lighting call system has been installed.

The contractors completed the building, which is located on Howard Street near Brook Road and a colored boy. The building was accepted by the building committee on Monday, the accident. Dr. R. E. Burton was March 6, of this year, the concrete and gravel driveways having been completed at a cost of more than \$600 since that time.

The management hoped to have the formal opening soon after the truck which was driven by a white building was turned over by the driver did not have any brakes. The contractors, but the several thousand dollars which had to be paid before the installation of the equipment could proceed has not been forthcoming despite urgent requests to all subscribers to make payments and all friends to make donations.

Pending the formal opening, the building has been open to visitors each Sunday from 4:30 to 6 p. m. and thousands have inspected the premises during this time.

An urgent appeal is made to all public spirited citizens to contribute to the fund for the opening of the hospital, as well as an appeal to subscribers to make payments on their pledges, in order that the hospital may be opened at an early date.

Room No. 1, on the main floor, has been endowed by Liggett and Myers Tobacco Company in memory of a faithful colored employee, Powhatan Baker, who was born in 1857 and died in 1926.

The beautiful hospital building is located on a plot of ground that is more than ten times the size of the present building, allowing ample room for enlargement or improvement of the present facilities.

## White Doctor Boisterous; Is Ordered From Hospital

South Carolinians Set a  
Worthy Example

By Royal L. Hurtt

Petersburg, Va.—Last week a collision occurred between a truck delivering milk, owned by a white dairy, and an automobile driven by a colored boy. The boy was badly hurt and was taken to a home near the accident. Dr. R. E. Burton was summoned and took him to the Crowder Memorial Hospital, of which he is owner.

The police department investigated the accident and found that the milk truck which was driven by a white driver did not have any brakes. The driver was held liable. A representative of the dairy and his lawyer called at the hospital and having been courteously presented themselves were permitted to see the patient. Soon afterwards loud talking and noisy footfalls were heard in the corridors of the hospital, and upon investigation a white doctor was found running to and fro with his hat on paging the injured boy he wanted to see. It seems that he, too, had been sent by the dairy company to investigate the accident and treat the boy.

In the presence of the two white gentlemen who had conducted themselves properly, the white doctor was given a lecture on the ethics of his profession and hospital decorum by Dr. Burton and ordered off the premises.

Crowder Memorial Hospital is owned by Dr. R. E. Burton and has all of the facilities of a modern hospital. The colored family physician may continue his services when you are admitted as a patient. At the white hospital the colored doctor's professional relationship ends with your admission. He may only go through the side alleys (used for putting out garbage), to the Jim Crow section and say "Howdy." Yet some of the best people go there.

NORFOLK people and others who are very much interested in the welfare of their Community Hospital as in building the proposed Victory Memorial Tuberculosis Sanatorium will find inspiration in the following from The State, Columbia, S.C.:

"Berkeley folks, white and black, are all proud of their new county hospital. Northern owners of Berkeley estates contributed generously toward its establishment, but 'natives' did their part, and toward its maintenance 'natives' of both races are giving freely of what they have, in the spirit of common ownership and responsibility. A pleasing sidelight is thrown upon this condition by paragraphs in the county-seat newspaper, the *Berkley County Democrat*, acknowledging liberal donations 'in kind' by Negro citizens, their spontaneous free-will gifts including poultry, eggs, hominy, bacon and vegetables."

In times of trouble, whether one of national peril or just one of improving and conserving the welfare of the people as a whole in a given community, American people find a common ground upon which to work together. That is the spirit that so often gives reality to our ideals of democracy. It is often demonstrated in the South.



Hospitals-1933

West Virginia

Logan, W. Va. Democrat  
August 24, 1933

## Dr. Bampfield Named Head of State Hospital

Prominent Logan Negro Physician  
Appointed Superintendent of  
Denmar Sanitarium

Further recognition of the merits of Logan county citizens in state residence here.

This is the first time in the history of Logan county that a negro citizen has been selected for high position by either of the two major political parties, and is regarded by many as the beginning of a "New Deal" for Logan county Negroes in state administrative circles.

Dr. Bampfield has been a resident of Logan for eighteen years and during that time has established for himself a firm friendship and wide influence because of his recognized ability in his profession as well as his interesting and attractive personality both among his own people and white citizens, and all of whom agree that he is eminently qualified for his new post by training, experience and conscientious devotion to duty.

Dr. Bampfield is a graduate of Lincoln University and the Howard University School of Medicine, has attended tubercular clinics in Philadelphia and New York City, and is also licensed to practice medicine in the state of New York. He has been a resident of West Virginia for 28 years, during the last 18 of which he has lived in Logan county. Always an ardent democrat, Dr. Bampfield received the united endorsement of the leaders and rank and file of that party for his new post, and his selection by Governor Kump and the state board of control is regarded by his many friends as a fitting compliment to his ability and worthiness.

Dr. and Mrs. Bampfield were pleasantly surprised by hosts of

friends who gathered at their home last Thursday to express their appreciation for past courtesies and wish them well in their new location. Mrs. Bampfield, formerly Miss Ethel Blanche Spriggs, has for several years been a teacher in Logan county schools, is an accomplished musician and has been active in community affairs. The couple will be greatly missed by their large circle of friends, but are leaving Logan with the promise that when Dr. Bampfield's tenure of office at Denmar shall end they

## Heads Staff At Denmar Hospital



DR. S. J. BAMPFIELD

Prominent Logan County Negro Physician who has been appointed Superintendent of Denmar Sanitarium.